

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Elect Donald Schonhardt									
Full Name of Contributor JASON TAGGART						Registration Number, if PAC			
Street Address 5439 GORDON WAY			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O	H	Zip Code 43017	M 0	D 3	Y 0	Y 1	Y 1	Amount 100.00
Full Name of Contributor JOHN C. RUSH						Registration Number, if PAC			
Street Address 1431 PINEHURST CT			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O	H	Zip Code 43223	M 0	D 2	Y 2	Y 9	Y 1	Amount 100.00
Full Name of Contributor JAMES A. STURM						Registration Number, if PAC			
Street Address 3204 SAYBROOK CT			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O	H	Zip Code 43017	M 0	D 2	Y 2	Y 9	Y 1	Amount 100.00
Full Name of Contributor PATRICK SHIVLEY						Registration Number, if PAC			
Street Address 1159 HARRISON POND			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City NEW ALBANY	State O	H	Zip Code 43054	M 0	D 2	Y 2	Y 9	Y 1	Amount 100.00
Full Name of Contributor JOSEPH RIDGEWAY						Registration Number, if PAC			
Street Address 2700 SHERWOOD RD			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O	H	Zip Code 43209	M 0	D 2	Y 2	Y 9	Y 1	Amount 100.00
Full Name of Contributor MATTHEW FERRIS						Registration Number, if PAC			
Street Address 2036 BERKSHIRE RD			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O	H	Zip Code 43221	M 0	D 2	Y 2	Y 9	Y 1	Amount 200.00
Full Name of Contributor DANIEL O'BRIEN						Registration Number, if PAC			
Street Address 1173 MCCLEARY CT			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O	H	Zip Code 43235	M 0	D 2	Y 2	Y 9	Y 1	Amount 100.00
Full Name of Contributor DOYLE HARTMAN						Registration Number, if PAC			
Street Address 150 S. PARKWAY DR			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City DELAWARE	State O	H	Zip Code 43015	M 0	D 2	Y 2	Y 9	Y 1	Amount 100.00

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed.
If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

Page Total \$ 900.00