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Statement of Contributions Received

Prescribed by Secretary of State 2/0!

Name of Committee in Full							
Committee to Elect Donald Scho	<u>onhardt</u>						
Full Name of Contributor				non Num	bet, if PA	AL.	
JAMES HOLOWICKI							
Street Address	Employer/Occu	pation/Labor Organization				Form (Cash, Check, etc.)	
5049 CEMETERY RD						CHECK	
City	State	Zip Code	Н	D	Y	Amount	
HILLIARD	ОН	43026	0 3	2 5	1 3	500.00	
Full Name of Contributor		·		tion Num		/C	
JOSEPH M. SMILEY							
Street Address	Employer/Occu	ipation/Labor Organization				Form (Cash, Check, etc.)	
8084 WINTER HILL CT						CHECK	
	State	Zip Code	Mi	D	Υ	Amount	
City	O ! H	1 -		2 6			
WESTERVILLE	I U ! II	43081		ton Num			
Full Name of Contributor			Keguta	uon Num	ioer, li PA	10	
Charle Address		Form (Cash, Check, etc.)					
Street Address	swbm Ast Anger	Employer/Occupation/Labor Organization					
		h:- c-1-		l D	ΙY	Amount	
City	State	Zip Code	M	D	'	Augun	
			 -	1 1			
Full Name of Contributor			Registra	ition Num	iber, if Pi	9 C	
				Form (Cash, Check, etc.)			
Street Address Employer/Occupation/Labor Organization				rorm (Cash, Check, etc.)			
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City	State	Zip Code	М.	D	Y	Amount	
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Full Name of Contributor			Y.egistr	ation Num	toet, it Pa	AC.	
						Form (Cach Charle stal)	
Street Address	Employer/Occ	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
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City	State	Zip Code	M;	D .	Y	Amount	
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Full Name of Contributor			Registra	ation Nutt	iber, if P	AC	
			L				
eet Address Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)			
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City	State	Zıp Code	М	D	Y	Amount	
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Full Mana of Contributes		_!	Registr	ation Nun	iber if P	AC	
Full Name of Contributor			1,		., •		
Stroot Address	Employer /Occ	Employer/Occupation/Labor Organization			Form (Cash, C		
ou section (63)	Street Address Employer/OccupanonyLabor Organization						
City	State	Zip Code	M,	D	Y	Amount	
				1.			
Full Name of Contributor			Registr	ation Nur	aber, if P	AC	
			L _				
Street Address Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)	
I						1	
Obs	State	Zip Code	М	D	Y	Amount	
City	ļ	1		1	i	1	
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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 \$ 600.00