

## Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Committee to Elect Donald Schonhardt</b>							
Full Name of Contributor <b>JAMES HOLOWICKI</b>					Registration Number, if PAC		
Street Address <b>5049 CEMETERY RD</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>HILLIARD</b>	State <b>O H</b>	Zip Code <b>43026</b>	M <b>0</b>	D <b>3</b>	Y <b>2 5 1 3</b>	Amount <b>500.00</b>	
Full Name of Contributor <b>JOSEPH M. SMILEY</b>					Registration Number, if PAC		
Street Address <b>8084 WINTER HILL CT</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>WESTERVILLE</b>	State <b>O H</b>	Zip Code <b>43081</b>	M <b>0</b>	D <b>3</b>	Y <b>2 6 1 3</b>	Amount <b>100.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
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Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

\* 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