31-A R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 2/0

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Name of Committee in Full		· · · · · · · · · · · · · · · · · · ·		***			
Committee to Elect Donald Schonhard	dt						
Full Name of Contributor				Registration Number, if PAC			
EMPLOYEE CONTRIBUTIONS FROM	M FORM 31	-G					
Street Address	Employer/Occup				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
				1		625.00	
Full Name of Contributor			Registra	ation Num	ber, if P	AC	
GPD GROUP - SCOTT SEAMAN							
Street Address	Employer/Occup	pation/Labor Organization				Form (Cash, Check, etc.)	
520 S. MAIN ST. STE 2531						CHECK	
City	State	Zip Code	M	D	Y	Amount	
AKRON	OH	44311	0 4	112	1 6	50.00	
Full Name of Contributor					aber, if P.		
			1				
Street Address	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount	
	1						
Full Name of Contributor		.l	Registra	tion Nun	nber, if P.	AC .	
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Street Address	pation/Labor Organization				Form (Cash, Check, etc.)		
Mackingliess	Employer, occupanor, 2000 or guinz and i					Total (outly official, cit.)	
City	State	Zip Code	М	ΤD	ΙΥ	Amount	
	State	Zip Code	1"		1 .	ranount	
Full Name of Contributor			Dogists	ation Num	nber, if P.	AC	
Tall Name of Controllor			KeRisii	allott Mali	uoet, u r.	no.	
Street Address Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)			
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(St.	State	Tin Codo	M	T D	ΙΥ	Amount	
City	State	Zip Code	M	"	1.	Amount	
E.U.V.		<u> </u>	10	tion Non	C D	A.C	
Full Name of Contributor			Registr	anon Nur	nber, if P	AC	
				Form (Cash Charle etc.)			
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)	
		In: O.V	1 36	1 2	1	<u> </u>	
City	State	Zip Code	M	D	Y,	Amount	
		<u>. L</u>			1	<u></u>	
Full Name of Contributor			Registr	ation Nur	nber, if P	AC	
Street Address	Employer/Occu	pation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
					1 :	ļ	
Full Name of Contributor			Registr	ation Nu	mber, if P	AC	
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)	
	_]						
City	State	Zip Code	М	D	Y	Amount	
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* Required for contributions over \$100 to statewide and general asse	embly candidates. If	contributor is self-employed,	occupation	rather tha	n emplo	yer should be listed.	

* 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 \$ _____675.00