31-A
R.C. 3517.10

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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												Registration Number, if PAC	
R. JASON TAGGERT													
Street Address	Employer/Occupation/Labor Organization											Form (Cash, Check, etc.)	
5439 GORDON WAY												CHECK	
City	State	Zip Code	M		D		Y					Amount	
DUBLIN	O H	43017	0	2	2	6	1	1				35.00	
Full Name of Contributor												Registration Number, if PAC	
YOONGIE E. MIN O.D.													
Street Address	Employer/Occupation/Labor Organization											Form (Cash, Check, etc.)	
3761 SCIOTO RUN BLVD												CHECK	
City	State	Zip Code	M		D		Y					Amount	
HILLIARD	O H	43026	0	2	2	6	1	1				35.00	
Full Name of Contributor												Registration Number, if PAC	
JOHN E. BRYNER													
Street Address	Employer/Occupation/Labor Organization											Form (Cash, Check, etc.)	
5418 RICHLANNE DR												CHECK	
City	State	Zip Code	M		D		Y					Amount	
HILLIARD	O H	43026	0	2	2	6	1	1				25.00	
Full Name of Contributor												Registration Number, if PAC	
GREGORY S. COTTRILL													
Street Address	Employer/Occupation/Labor Organization											Form (Cash, Check, etc.)	
4814 AUGUSTUS CT												CHECK	
City	State	Zip Code	M		D		Y					Amount	
HILLIARD	O H	43026	0	2	2	6	1	1				25.00	
Full Name of Contributor												Registration Number, if PAC	
MICHAEL BLANKENSHIP													
Street Address	Employer/Occupation/Labor Organization											Form (Cash, Check, etc.)	
8661 CADET DR S												CHECK	
City	State	Zip Code	M		D		Y					Amount	
GALLOWAY	O H	43119	0	2	2	6	1	1				50.00	
Full Name of Contributor												Registration Number, if PAC	
ROBERT J. PETERSON													
Street Address	Employer/Occupation/Labor Organization											Form (Cash, Check, etc.)	
4133 CHECKERBERRY CT												CHECK	
City	State	Zip Code	M		D		Y					Amount	
HILLIARD	O H	43026	0	2	2	6	1	1				50.00	
Full Name of Contributor												Registration Number, if PAC	
MOLLY D. MEEKS													
Street Address	Employer/Occupation/Labor Organization											Form (Cash, Check, etc.)	
5520 KINVARRA CT												CHECK	
City	State	Zip Code	M		D		Y					Amount	
DUBLIN	O H	43016	0	2	2	6	1	1				35.00	
Full Name of Contributor												Registration Number, if PAC	
LINDA VINCENT BRYAN													
Street Address	Employer/Occupation/Labor Organization											Form (Cash, Check, etc.)	
2591 CLAIRMONT CT												CHECK	
City	State	Zip Code	M		D		Y					Amount	
COLUMBUS	O H	43220	0	2	2	6	1	1				35.00	

* 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 $ 290.00