3	1.	Α	
R.	C.	3517	.10

## Statement of Contributions Received

Prescribed by Secretary of State 2/01

		<del> </del>						
Name of Committee in Full								
Committee to Re-elect Don Schonhard	n. 20 2	Registration Number, if PAC						
Full Name of Contributor			Kegistration	Number,	πrat			
MICHAEL A CAMPBELL						T 10 1 M 1 1 1		
Street Address	Employer/Occupa	tion/Labor Organization				Form (Cash, Check, etc.)		
435 RIDGE VIEW						CHECK		
City	State	Zip Code	M	D	Y	Amount		
POWELL	OH	43065	0 5	1 5	1 5	150.00		
Full Name of Contributor	1 9 ! ===	,	Registration					
Full Monte of Contributor								
C. (43)				Form (Cash, Check, etc.)				
Street Address	Employer/Occupa				, , , , , ,			
		12:- C-1:-	MI	ni I	vi	Amount		
City	State	Zip Code	М	D	Y	MINORI		
<u> </u>					// Pr. / =	<u> </u>		
Full Name of Contributor		Registration Number, if PAC						
Street Address	Employer/Occup	ation/Labor Organization				Form (Cash, Check, etc.)		
······································								
Chr	State	Zip Code	M	D	Υį	Amount		
City		- F						
			Registration	Nimber	₩PAC	<u>-</u>		
Full Name of Contributor			Vediorragni		,			
						Emm (Cach Charle etc.)		
Street Address	Employer/Occup	ation/Labor Organization				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount		
					<u> </u>			
Full Name of Contributor			Registration	n Number	.nt PAC			
2 40. 2. 20. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1			- 1					
Chanat Adhress	Form (Cash, Check, etc.)			Form (Cash, Check, etc.)				
Direct Honesy	et Address Employer/Occupation/Labor Organization							
	State	Zip Code	М	Di	Υ!	Amount		
City	arate .	Silv Code		-	-			
				. 171	2040	<u> </u>		
Full Name of Contributor			Registratio	n Number	, RIAL			
						10 10 10		
Street Address Employer/Occupation/Labor Organization				Form (Ca				
			_					
City	State	Zip Code	M	D	Y	Amount		
<b>1</b>								
Full Name of Contributor			Registration Number, if PAC		<u></u>			
THE MAINS OF CORCINOLAT								
	[F]	and a land the min stime				Form (Cash, Check, etc.)		
Street Address Employer/Occupation/Labor Organization			Total (basic blook blo.)					
				D.	<u> </u>	Amant -		
City	State	Zip Code	М	D	Y	Amount		
					بليا	<u> </u>		
Full Name of Contributor			Registratio	m Numbe	r, it PAC			
			1					
Street Address	Employer/Occu	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
34:00: 140i 033	200,000					1		
	State	Zip Code	М	D	Y	Amount		
City	3(a)	Zip codo		_				
		colformological accuration rather	45	ld ha hetad	<del> </del> -	<del></del>		

\* 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 \$ \_\_\_\_\_\_150.00