

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Re-elect Don Schonhardt									
Full Name of Contributor MICHAEL A CAMPBELL						Registration Number, if PAC			
Street Address 435 RIDGE VIEW			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City POWELL		State O H		Zip Code 43065		M D Y 0 5 1 5 1 5		Amount 150.00	
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	
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Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City		State		Zip Code		M D Y		Amount	
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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 \$ 150.00