	,
Page .	<u>5</u>

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			Registratio	n Numb	er. if Р	VC.			
JAY W SHUTT				_	,				
Street Address	Employer/Occur	pation/Labor Organization				Form (Cash, Chec	ck. etc.)		
475 LANDINGS LOOP W	' '	Zinproyen occupanion basis organization				CHECK	,,		
City	State	Zip Code	M	D	Y	Amount			
WESTERVILLE	OH	43082	1 ! !		1 7	Milouit	250.00		
Full Name of Contributor	10 11	45002					250.00		
Full Name of Contributor Registration Number, if PAC DOUGLAS EVERETT MAY									
Street Address	Employer/Occur	oation/Labor Organization	Ь			Form (Cash, Chec	k etc.)		
5195 LUKENS RD	Employer					, c.c.,			
City	State	Zip Code	M	D T	Y	CHECK Amount			
S **	ОН	l '	1 1			Allouni	105.00		
GROVE CITY Full Name of Contributor	0 11	43123			1 7		125.00		
MIRANDA GAGE SANDS Street Address	Employer/Occur	pation/Labor Organization	. L _			Form (Cash, Chec	k ato)		
	Employer/Occup	ation/Labor Organization		i			K, ClC.)		
4639 MOSSROCK DRIVE	State	Zip Code	M	D	Υ΄.	CHECK Amount			
i '		1 '	1 1 1	- 1	1 1	Allount	100.00		
HILLIARD Full Name of Contributor	OH	43026	0 3 C		1 7		100.00		
			Registratio	m ivumo	er, n PA				
WILLIS R CONNER Street Address	Employer/Occur	pation/Labor Organization	<u> </u>			Form (Cook Cha	dr. ata)		
	1	ation/Labor Organization		Form (Cash, Check, et			K, EIC.)		
2550 CORP. EXCHANGE DR-SUITE 30		Zip Code	1 3/-1	DT	Y	CHECK			
i '	I	l -	1 / 1			Amount	F00.00		
COLUMBUS	ОН	43231	0 2 1		1 7		500.00		
Full Name of Contributor Registration Number, if PAC									
KEVIN KUSZMAUL Street Address	IF1/O		<u> </u>			Form (Cash, Chec	14- \		
	Employer/Occup	oation/Labor Organization	ľ				K, etc.)		
5080 DUBLIN RD	<u> </u>	[a: . c.]	1	<u> </u>		CHECK			
City	State	Zip Code	1 ' 1	D		Amount	405.00		
DUBLIN	ОН	43017	0 3 0		1 7		125.00		
Full Name of Contributor			Registratio	n Numb	er, it PA	iC.			
ROBERT J APEL									
Street Address	Employer/Occup	Form (Cash, Check, etc.)			k, etc.)				
5959 BELL HAVEN DR		la: a .	1			CHECK			
City	State	Zip Code		D,	Y	Amount			
HILLIARD	OH	43026	0 2 2		1 7		125.00		
Full Name of Contributor			Registratio	n Numb	er, if PA	.C			
ROBERT P KIRKLEY	I					n - 70 1 a			
Street Address	Employer/Occup	1			Form (Cash, Check, etc.)				
7548 OVERLAND TR			CHECK_						
City	State	Zip Code	1 : 1	D	1 ,	Amount			
DELAWARE	ОН	43015			1 7		500.00		
Full Name of Contributor Registration Number, if PAC									
JAMES L BENDER	16 1 26		<u> </u>			F (0 1 0:	7		
Street Address	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)				
1743 ASHLAND AVE	ļ	I=				CHECK			
City	State	Zip Code	1 1 1	D		Amount			
COLUMBUS	O H	43212	0 2 2	2 2	1 7		125.00		

* 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 \$ ____1,850.00