31-A
R.C. 3517.10

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							
DONALD HUNTER								
Street Address	**Employer/Occupation/Labor Organization**							**Form (Cash, Check, etc.)**
8120 TILLINGHAST DRIVE								CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
DUBLIN	O H	43017	0 2	2 0	1 8			125.00
Full Name of Contributor	**Registration Number, if PAC**							
KEVIN KUSZMAUL								
Street Address	**Employer/Occupation/Labor Organization**							**Form (Cash, Check, etc.)**
5080 DUBLIN RD								CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
DUBLIN	O H	43017	0 2	2 0	1 8			125.00
Full Name of Contributor	**Registration Number, if PAC**							
JULIA S. PHELPS								
Street Address	**Employer/Occupation/Labor Organization**							**Form (Cash, Check, etc.)**
6290 POST RD								CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
DUBLIN	O H	43017	0 2	2 0	1 8			125.00
Full Name of Contributor	**Registration Number, if PAC**							
SCOTT E. CLUBBS								
Street Address	**Employer/Occupation/Labor Organization**							**Form (Cash, Check, etc.)**
3740 DARBY KNOLLS BLVD								CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
HILLIARD	O H	43026	0 2	1 9	1 8			125.00
Full Name of Contributor	**Registration Number, if PAC**							
STEPHEN L THIEKEN								
Street Address	**Employer/Occupation/Labor Organization**							**Form (Cash, Check, etc.)**
6490 HIGHLANDS CT								CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
DELAWARE	O H	43015	0 1	3 0	1 8			125.00
Full Name of Contributor	**Registration Number, if PAC**							
ROBERT J. CAMERUCA								
Street Address	**Employer/Occupation/Labor Organization**							**Form (Cash, Check, etc.)**
2567 BRANDON RD								CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
COLUMBUS	O H	43221	0 2	0 1	1 8			125.00
Full Name of Contributor	**Registration Number, if PAC**							
THOMAS J. MIGNERY								
Street Address	**Employer/Occupation/Labor Organization**							**Form (Cash, Check, etc.)**
8250 SKELTON CT								CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
BLACKLICK	O H	43004	0 1	3 1	1 8			125.00
Full Name of Contributor	**Registration Number, if PAC**							
A. RICK CAPONE								
Street Address	**Employer/Occupation/Labor Organization**							**Form (Cash, Check, etc.)**
4551 HUNTING VALLEY LANE								CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
BRECKSVILLE	O H	44141	0 2	1 2	1 8			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 $ 1,000.00