

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Re-elect Don Schonhardt									
Full Name of Contributor CLYDE R. SEIDLE, JR.									
Street Address 4733 CLUBPARK DR						M	D	Y	Amount
						0	2	2	125.00
City HILLIARD		State O H		Zip Code 43026		Form (Cash, Check, etc) Check			
Full Name of Contributor STEVEN B. MAZER									
Street Address 3362 HARBOR BAY DR						M	D	Y	Amount
						0	2	2	125.00
City HILLIARD		State O H		Zip Code 43026		Form (Cash, Check, etc) Check			
Full Name of Contributor DAVID D. DELANDE									
Street Address 7747 HAYDEN RUN RD						M	D	Y	Amount
						0	2	2	125.00
City HILLIARD		State O H		Zip Code 43026		Form (Cash, Check, etc) Check			
Full Name of Contributor LARRY M LESTER									
Street Address 250 GAY ST						M	D	Y	Amount
						0	2	2	50.00
City PLAIN CITY		State O H		Zip Code 43064		Form (Cash, Check, etc) Check			
Full Name of Contributor ROBERT A FISHER									
Street Address 6475 PLAIN CITY GEORGESVILLE RD						M	D	Y	Amount
						0	2	2	125.00
City PLAIN CITY		State O H		Zip Code 43064		Form (Cash, Check, etc) Check			
Full Name of Contributor JOHN D FRANCIS									
Street Address 905 COVE POINT DR						M	D	Y	Amount
						0	2	2	125.00
City HILLIARD		State O H		Zip Code 43026		Form (Cash, Check, etc) Check			

The above are employees of a unit or department under the direct supervision or control of

Donald J. Schonhardt

, who currently holds the public office

of Mayor of Hilliard. I hereby affirm that each contribution was voluntarily made.

(Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

Page Total \$ 675.00