31-A
R.C. 3517.10

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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							
DOUG LANDENBERGER								
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)	
4960 VULCAN AVE							CASH	
City	State	Zip Code	M	D	Y		Amount	
COLUMBUS	O H	43228	02	29	12		100.00	
Full Name of Contributor	Registration Number, if PAC							
JAMES HOLOWICKI								
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)	
5049 CEMETERY RD.							CHECK	
City	State	Zip Code	M	D	Y		Amount	
HILLIARD	O H	43026	02	29	12		500.00	
Full Name of Contributor	Registration Number, if PAC							
ELIZABETH BERLIN								
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)	
6870 FLEUR DR.							CHECK	
City	State	Zip Code	M	D	Y		Amount	
WESTERVILLE	O H	43082	02	29	12		100.00	
Full Name of Contributor	Registration Number, if PAC							
MARY GALVIN								
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)	
872 PALMER RD							CHECK	
City	State	Zip Code	M	D	Y		Amount	
COLUMBUS	O H	43212	02	29	12		100.00	
Full Name of Contributor	Registration Number, if PAC							
TESS GALVIN								
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)	
1314 WYANDOTTE RD							CHECK	
City	State	Zip Code	M	D	Y		Amount	
COLUMBUS	O H	43212	02	29	12		100.00	
Full Name of Contributor	Registration Number, if PAC							
ROBERT WEILER JR								
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)	
10 N. HIGH ST.							CHECK	
City	State	Zip Code	M	D	Y		Amount	
COLUMBUS	O H		02	29	12		100.00	
Full Name of Contributor	Registration Number, if PAC							
EDWARD FERRIS								
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)	
1959 COLLINGSWOOD RD							CHECK	
City	State	Zip Code	M	D	Y		Amount	
COLUMBUS	O H	43221	02	29	12		100.00	
Full Name of Contributor	Registration Number, if PAC							
THOMAS M. WARNER								
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)	
7105 PLEASANT COLONY CIRCLE							CHECK	
City	State	Zip Code	M	D	Y		Amount	
BLACKLICK	O H	43004	02	29	12		100.00	

* 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 $ 1,200.00