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R	C.	35	17	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				
THE NERGY CONNECTION - JACK D	OWNS		1						
Street Address		oation/Labor Organization	_			Form (Cash, Chec	ck, etc.)		
3095 PARKSIDE RD						CHECK			
City	State	Zip Code	M	D	Υ;	Amount			
COLUMBUS	ОН	43204	0 2	$1 \mid 4$	1 6		125.00		
Full Name of Contributor	0	40204			ber, if PA	sC	120.00		
ROCCO A. ERAMO			1						
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)			
3670 LACON RD	i i					CHECK			
City	State	Zip Code	M	D	Y	Amount			
HILLIARD	ОН	43026	0 2	1	1:6		125.00		
Full Name of Contributor	0 11	45020			ber, if PA	)C	123.00		
JANE A. SMITH			i togistiu						
Street Address	Employer/Occur	pation/Labor Organization				Form (Cash, Che	ck etc.)		
8325 LANCASTER CIRCLEVILLE RD 9		Danous Europi Oiganization				,	J.K., C.(U.)		
City	State	Zip Code	M	D	Y	CHECK Amount			
•		·	1 1 1	1 .	1	Anoun	125.00		
LANCASTER Full Name of Contributor	ОН	43130	0 2		1 6		125.00		
			Registra	ilion Nun	nber, if PA	NC .			
ROBERT J. WEILER Street Address	Ir i o					F (0 1 0)	1 - 5		
	Employer/Occup	pation/Labor Organization				Form (Cash, Che	ck, etc.)		
10 N. HIGH ST		1				CHECK			
City	State	Zip Code	М	D	Y	Amount			
COLUMBUS	O H	43215	0 2		1 6		125.00		
Full Name of Contributor			Registra	tion Nun	iber, if PA	AC			
DAVID W. HELM									
Street Address	Employer/Occupation/Labor Organization		<u> </u>			Form (Cash, Check, etc.)			
9730 SOUTHERN BELLE CT						CHECK			
City	State	Zip Code	] M	D	Y	Amount			
DAYTON	OH	45458	0 2	0   5	1 6		125.00		
Full Name of Contributor			Registra	tion Nun	nber, if P	AC			
DANIEL M OBRIEN			ĺ						
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)			
1173 MCCLEARY CT	[				CHECK				
City	State	Zip Code	M	D	Y	Amount			
COLUMBUS	OH	43235	0 2	0 5	1 6	i	125.00		
Full Name of Contributor	<u> </u>		Registra		nber, if P	AC			
JOEL D. RHOADES			i						
Street Address Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)					
5975 SOUTH SECTION LINE RD	l					CHECK			
City	State	Zip Code	M	D	Y	Amount			
DELAWARE	ОН	43015	0 2	018	1 6	1	250.00		
Full Name of Contributor		10010			nber, if P	AC .	200.00		
NORMAN E. MURPHY JR									
Street Address Employer/Occupation/Labor Organization						Form (Cash, Che	ck, etc.)		
6851 HEVERLO RD	Service of the servic					CHECK			
City	State	Zip Code	M.	D	T Yi	Amount			
SUNBURY	ОН	43074		0 5	11/	]	125.00		
TRANSPORT	<u> </u>	130/4	0 2	1013	16	1	140.00		

\* 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 \$ \_\_\_\_1,125.00