## **Statement of Contributions Received**

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Prescribed by Secretary of State 03/05

Name of Committee in Full CITIZENS FOR STEPHANIE KUNZE	7.			
Full Name of Contributor  Committee to Elect Donald Schonhardt			Registration Number, if PAC	
Street Address				
5307 Franklin Street	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.) Check
City Hilliard	State OH	Zip Code 43026	0 4 2 0 0 9	Amount \$1,800.00
Full Name of Contributor			Registration Number, if F	AC
Jay Muether Street Address				
3434 Heritage Oaks Drive	Employer/Occu	ipation/Labor Organization*		Form (Cash, Check, etc.) Check
City Hilliard	State OH	Zip Code 43026	0 4 2 2 0 9	Amount \$25.00
Full Name of Contributor Kirk M. Herath			Registration Number, if F	AC
Street Address 3381 Anchorage Ln	Employer/Occu	npation/Labor Organization*		Form (Cash, Check, etc.) Check
City Hilliard	State OH	Zip Code 43026	M D D Y 0 9	Amount \$50.00
Full Name of Contributor Albert J. losue			Registration Number, if F	AC
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
5793 Walterway Drive				Check
City Hilliard	State OH	Zip Code 43026	0 4 1 7 0 9	Amount \$50.00
Full Name of Contributor Clyde Seidle			Registration Number, if F	AC
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
4733 Clubpark Drive				Check
City Hilliard	State OH,	Zip Code 43026	$\begin{bmatrix} 0^{M} & 4 & 2 & 6 & 0 \end{bmatrix} \begin{bmatrix} 0^{Y} & 9 & 0 \end{bmatrix}$	Amount \$150.00
Full Name of Contributor David Meeks Consulting			Registration Number, if F	AC
Street Address PO Box 639	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Hilliard	State OH	Zip Code 43026	0 4 2 2 0 9	Amount \$50.00
Full Name of Contributor Jeffrey M. Lewis			Registration Number, if F	AC
Street Address 4474 Summit Ridge Drive	Employer/Occupation/Labor Organization*		Casta a recommendada para de constitución de la con	Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43220	0 4 2 5 0 9	Amount \$50.00
Full Name of Contributor Scott Reeves			Registration Number, if P	AC
Street Address 1212 Candlewood Drive	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)  Cash
City Columbus	State OH	Zip Code 43235	M D Y O 4 2 3 0 9	Amount

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, 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 also appear. [R.C. 3517.10(B)(4)]