

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 GEORGE SICARAS					Registration Number, if PAC		
Street Address 2988 N HIGH ST		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43202	M 0	D 2	Y 2	Amount 500.00	
Full Name of Contributor THOMAS B MERRITT					Registration Number, if PAC		
Street Address 7685 KESTREL WY E		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 2	Y 2	Amount 125.00	
Full Name of Contributor POGGEMEYER DESIGN GROUP PAC					Registration Number, if PAC		
Street Address 1168 N MAIN ST		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City BOWLING GREEN	State O H	Zip Code 43402	M 0	D 2	Y 1	Amount 125.00	
Full Name of Contributor JEFFREY R KERR					Registration Number, if PAC		
Street Address 2840 SHADY RIDGE DR		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43231	M 0	D 1	Y 2	Amount 125.00	
Full Name of Contributor STEVEN E JOHNSON					Registration Number, if PAC		
Street Address 1039 REECE RIDGE DR		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City GAHANNA	State O H	Zip Code 43230-4553	M 0	D 2	Y 2	Amount 125.00	
Full Name of Contributor SHYAM V RAJADHYAKSHA					Registration Number, if PAC		
Street Address 6121 HUNTLEY RD		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43229-1003	M 0	D 2	Y 0	Amount 500.00	
Full Name of Contributor STEVEN WATHEN					Registration Number, if PAC		
Street Address 700 S HARBOUR ISLAND BLVD #430		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City TAMPA	State F L	Zip Code 33602-5779	M 0	D 2	Y 2	Amount 125.00	
Full Name of Contributor CATHERINE A CUNNINGHAM					Registration Number, if PAC		
Street Address 5367 HESSLER CIRCLE		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O H	Zip Code 43026-8919	M 0	D 2	Y 2	Amount 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 \$ 1,750.00