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				Reg	stra	tion Nu	nber, if P	AC	
GEORGE SICARAS				L					
Street Address	Employe	r/Occup	ation/Labor Organization					Form (Cash, Chec	k, etc.)
2988 N HIGH ST								CHECK	
City	St	ate	Zip Code	M		D	Y	Amount	
COLUMBUS	0	H	43202	0	2	2 5	1 5	<u> </u>	500.00
Full Name of Contributor				Reg	strai	tion Nu	nber, if P	AC	
THOMAS B MERRITT				<u> </u>			_		
Smeet Address	Employer/Occupation/Labor Organization							Form (Cash, Chec	k, etc.)
7685 KESTREL WY E	<u> </u>							CHECK	
City	St	ate	Zip Code	М		D.	Y	Amount	
DUBLIN	0	Н	43017	0	2	2 5			125.00
Full Name of Contributor				Regi	strat	tion Nu	nber, if P	AC	
POGGEMEYER DESIGN GROUP PAC								F (0 1 0)	
Street Address	Employ	er/Occup	ation/Labor Organization					Form (Cash, Chec	k, etc.)
1168 N MAIN ST				- इज			1 1/	CHECK	<u> </u>
City	1 .		Zip Code	M		D	_	Amount	105.00
BOWLING GREEN	0	Н	43402	0	2	1 9			125.00
Full Name of Contributor				Keg	stra	tion Nu	nber, if P	AC	
JEFFREY R KERR	In		-Ei-n abas Össeriasias	<u> </u>				Form (Cash, Chec	k etc.)
Street Address	Employ	er/Occup	ation/Labor Organization						K, E(C.)
2840 SHADY RIDGE DR		-4-	Zi-C-1-	М		D	Y.	CHECK Amount	
City	j _	ate LLT	Zip Code	1 1	.,	l.	1		125.00
COLUMBUS		Н	43231	0	1	2 5	1   5		125.00
Full Name of Contributor Registration Number, if PAC									
STEVEN E JOHNSON Street Address	Employ	er/Occup	ation/Labor Organization	Ь.				Form (Cash, Chec	k etc.)
	Linploy	ег/Оссир	attors Easter Organization					CHECK	, *,
1039 REECE RIDGE DR	Si	ate	Zip Code	M		D	Y	Amount	
'		H	43230-4553	0	2	2   5	;	1	125.00
GAHANNA Full Name of Contributor		11	43230-4333				nber, if P		120.00
				1					
SHYAM V RAJADHYAKSHA	Employ	er/Occup	ation/Labor Organization		_			Form (Cash, Chec	k, etc.)
6121 HUNTLEY RD								CHECK	
City	Si	ate	Zip Code	М		D	Y	Amount	
COLUMBUS	0	Н	43229-1003	0	2	019	15		500.00
Full Name of Contributor		,	10227 1000				nber, if P		
STEVEN WATHEN									
Street Address	Employ	ег/Оссир	ation/Labor Organization	-				Form (Cash, Chec	k, etc.)
700 S HARBOUR ISLAND BLVD #430								CHECK	
City		ate	Zip Code	M		D	Y	Amount	
TAMPA	F	L	33602-5779	0	2	215	1 5		125.00
Full Name of Contributor			<u> </u>	Reg	istra		mber, if P	AC	
CATHERINE A CUNNINGHAM									
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Chec	k, etc.)		
5367 HESSLER CIRCLE						CHECK			
City	St	ate	Zip Code	М		D	Y	Amount	
HILLIARD	0	H	43026-8919	0	2	215	1 5	<u>·L</u>	125.00
* Paguiral for contributions over \$100 to statewide and general assem	bly candi	dates Ifa	contributor is self-employed of	ccuna	tion	rather th	an emple	ver should be lister	

\* 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