

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 MATTHEW L. STOUT					Registration Number, if PAC		
Street Address 2808 CHURCHILL DR		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43221	M 0 2	D 2 5	Y 1 4	Amount 100.00	
Full Name of Contributor FRANK CARRIER					Registration Number, if PAC		
Street Address 4394 SHIRE CREEK CT		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O H	Zip Code 43026-2764	M 0 2	D 2 6	Y 1 4	Amount 100.00	
Full Name of Contributor JAMES D. HENDRIX					Registration Number, if PAC		
Street Address 2511 ABINGTON RD		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43221	M 0 2	D 2 7	Y 1 4	Amount 100.00	
Full Name of Contributor DANIEL BIRU					Registration Number, if PAC		
Street Address 1239 CANTERHURST ST		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City BLACKLICK	State O H	Zip Code 43004	M 0 2	D 2 6	Y 1 4	Amount 100.00	
Full Name of Contributor PERRY J. MORGAN					Registration Number, if PAC		
Street Address 3536 SCHIRTZINGER RD		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O H	Zip Code 43026	M 0 2	D 2 6	Y 1 4	Amount 100.00	
Full Name of Contributor JOSEPH A. RIDGEWAY JR.					Registration Number, if PAC		
Street Address 2700 SHERWOOD RD		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43209	M 0 2	D 2 6	Y 1 4	Amount 100.00	
Full Name of Contributor GEORGE A. THOMAS					Registration Number, if PAC		
Street Address 8543 MORRIS RD		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O H	Zip Code 43026	M 0 2	D 2 6	Y 1 4	Amount 100.00	
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	M 0 2	D 2 6	Y 1 4	Amount 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 \$ 800.00