31-A R.C. 3517.10

## Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full	ı					
Committee to Elect Donald Schonhardt			Registration Number, if PAC			
full Name of Contributor			regulation ( value of a 1110			
MATTHEW L. STOUT	Emolovarithanno	oation/Labor Organization	<del>                                     </del>	1	Form (Cash, Check	, etc.)
Street Address	Embroyer/occup	atterior es a maria con			CHECK	,
2808 CHURCHILL DR	State	Zip Code	M D	V.	Amount	
City		i '	1 1 1 3	1/4		100.00
COLUMBUS	O H	43221	0   2   2   5			100.00
Full Name of Contributor			Regulation roam	oct, ii i n		
FRANK CARRIER	Ja	at the transfer of the section			Form (Cash, Check	c etc.)
Street Address	Employer/Occupation/Labor Organization				1 1	
4394 SHIRE CREEK CT		la: a t	LM: LD	V.	CHECK Amount	
City	State	Zip Code	M D	$\begin{bmatrix} Y_1 \\ x \end{bmatrix}$		100.00
HILLIARD	$O \mid H$	43026-2764	0 2 2 6 Registration Num	$1 \cdot 4$		100.00
Full Name of Contributor			Registration Num	oer, u ra	ic .	
JAMES D. HENDRIX			<u> </u>		Form (Cash, Check	r eta
Street Address	Employer/Occup	oution/Labor Organization			• •	K, GIG.)
2511 ABINGTON RD				I V	CHECK	
City	State	Zip Code	M D	Y	Amount	400.00
COLUMBUS	O   H	43221	0 2 2 7	1 4		100.00
Full Name of Contributor			Registration Num	iber, if PA	ic .	
DANIEL BIRU			<u> </u>		- 7	
Street Address	Employer/Occupation/Labor Organization			Form (Cash, Chec	k, etc.)	
1239 CANTERHURST ST	<u> </u>				CHECK	
City	State	Zip Code	M D	Y	Amount	
BLACKLICK	$O \mid H$	43004	0 2 2 6			100.00
Full Name of Contributor			Registration Nun	iber, if Pa	AC.	
PERRY J. MORGAN						
Street Address	Employer/Occu			Form (Cash, Chec	k, etc.)	
3536 SCHIRTZINGER RD					CHECK	
City	State	Zip Code	M D	Y	Amount	
HILLIARD	$O \mid H$	43026	0 2 2 6	1 4	<u> </u>	100.00
Full Name of Contributor			Registration Nur	nber, if Pa	AC	
JOSEPH A. RIDGEWAY JR.			<u></u>			
Street Address	Employer/Occupation/Labor Organization				Form (Cash, Chec	ck, etc.)
2700 SHERWOOD RD					CHECK	
City	State	Zip Code	M <sub>1</sub> D	Y	Amount	
COLUMBUS	$O \mid H$	43209	0 2 2 6	1 4		100.00
Full Name of Contributor	_ <del>``</del>		Registration Nu	nber, il P	AC	
GEORGE A. THOMAS						
Street Address	Employer/Occupation/Labor Organization				Form (Cash, Chec	ck, etc.)
8543 MORRIS RD				CHECK		
City	State	Zip Code	M. D	Y	Amount	
HILLIARD	OH	43026	0 2 2 6	1 4		100.00
Full Name of Contributor	1		Registration Nu	nber, if P	AC	
CATHERINE A. CUNNINGHAM			1		<u> </u>	
Street Address	Employer/Occi	upation/Labor Organization			Form (Cash, Che	ck, etc.)
5367 HESSLER CIRCLE					CHECK	
City	State	Zip Code	M D	Y	Amount	
HILLIARD	$O \mid H$	43026	0 2 2 6	1 4		100.00
*Required for contributions over \$100 to statewide and general ass	embly candidates. I	f contributor is self-employed,	occupation rather th	ian emplo		d.

Required for contributions over \$100 to statewise and general assembly candidates. In contribute is sent analytic set, occupantion of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

Page Total \$ 800.00