

Statement of Contributions Received

Prescribed by Secretary of State 2801

Name of Committee in Full Committee to Elect Donald Schonhardt							
Full Name of Contributor MSCPAC					Registration Number, if PAC		
Street Address PO BOX 594		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City YOUNGSTOWN	State O H	Zip Code 44501	M 0	D 2	Y 2 7	Amount 200.00	
Full Name of Contributor WILES, BOYLE, BURKHOLDER, BRINGARDNER CO., LPA PAC					Registration Number, if PAC		
Street Address 300 SPRUCE STREET		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43215	M 0	D 2	Y 2 5	Amount 500.00	
Full Name of Contributor OHIOHEALTH STAR CORP PAC					Registration Number, if PAC		
Street Address 180 E. BROAD ST, 34TH FLOOR		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43215	M 0	D 2	Y 2 7	Amount 100.00	
Full Name of Contributor JULIA S. PHELPS					Registration Number, if PAC		
Street Address 6290 POST RD		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 3	Y 1 3	Amount 100.00	
Full Name of Contributor J.W. HARING JR.					Registration Number, if PAC		
Street Address 1430 CASTLETON RD. N		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43220	M 0	D 3	Y 1 1	Amount 100.00	
Full Name of Contributor AT&T INC. OHIO EMPLOYEE PAC					Registration Number, if PAC C00377044		
Street Address 150 E. GAY ST. ROOM 4A		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43215	M 0	D 2	Y 2 0	Amount 100.00	
Full Name of Contributor BIA BUILD PAC OF CENTRAL OHIO					Registration Number, if PAC		
Street Address 495 EXECUTIVE CAMPUS DR		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City WESTERVILLE	State O H	Zip Code 43081	M 0	D 2	Y 2 6	Amount 200.00	
Full Name of Contributor JUDY J. MILLER					Registration Number, if PAC		
Street Address 5760 HERITAGE LAKES DR.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O H	Zip Code 43026	M 0	D 3	Y 2 9	Amount 200.00	

* 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 \$ 1,500.00