

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Elect Donald Schonhardt									
To Whom Paid POSTMASTER						M	D	Y	Amount
						0	1	2	5
Address 4000 LEAP ROAD						Purpose POSTAGE			
City HILLIARD						State O H		Zip Code 43026	
Check Number 244									
To Whom Paid UABBC, INC						M	D	Y	Amount
						0	2	0	6
Address PO BOX 21844						Purpose CHARITABLE DONATION			
City UPPER ARLINGTON						State O H		Zip Code 43221	
Check Number 245									
To Whom Paid DONALD J. SCHONHARDT						M	D	Y	Amount
						1	2	3	0
Address 3750 CEMETERY RD						Purpose REPAYMENT OF CAMPAIGN LOANS			
City HILLIARD						State O H		Zip Code 43026	
Check Number 246									
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
Check Number									
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
Check Number									
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
Check Number									
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
Check Number									
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
Check Number									