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	F4				
Committee to Elect Donald Schonhardt			Registration Number, if PAC		
Full Name of Contributor			To Broth and it transcer, it i	••	
JOHN T. COLSTON	Ir	they Overnie then		Form (Cash, Check, etc.)	
Street Address	Employer/Occupation/L	annt Othaturaunu		CHECK	
3280 OAKLAND HILLS DR			M D Yı	Amount	
City	State Zip Co				
PICKERINGTON	O H 43	<u> </u>	0 2 2 6 1 1 Registration Number, if F		
Full Name of Contributor			Registration Number, a r	AC .	
FRANK L. CARRIER				Form (Cach Chack etc.)	
Street Address	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
4437 PRAIRIE PINE CT			1611 - 16	CHECK	
City	State Zip C		M D Y	Amount	
HILLIARD	O H 43	3026	0 2 2 6 1 1		
Full Name of Contributor			Registration Number, if I	AU	
GREGORY E. EVANS		<u></u> .		In contact the second	
Street Address	Employer/Occupation/L	abor Organization		Form (Cash, Check, etc.)	
5654 DAVIDSON RD				CHECK	
City	State Zip C		M D Y	Amount	
HILLIARD	O H 43	3026	0 2 2 2 1		
Full Name of Contributor			Registration Number, if I	PAC	
Street Address	Employer/Occupation/I	abor Organization		Form (Cash, Check, etc.)	
อแชยเ Auotess					
City	State Zip C	ode	M D Y	Amount	
			Registration Number, if	PAC	
Full Name of Contributor			The state of the s		
MELVIN SIMS	F 10 6 19	shor Organization		Form (Cash, Check, etc.)	
Street Address	Employer/Occupation/Labor Organization		CHECK		
4354 HEATHER RIDGE DR	Maria France	ado.	M D Y	Amount	
City	State Zip C			35.00	
HILLIARD	O H 4	3026	Registration Number, if	<u> </u>	
Full Name of Contributor			vegou anou namost, u		
DAVID W. COOK		1 -1 O		Form (Cash, Check, etc.)	
Street Address	Employer/Occupation/Labor Organization		CHECK		
4153 STARGRASS COURT			M D Y	Amount	
City	State Zip (
HILLIARD	O H 4	3026	012 - 01-	<u> </u>	
Full Name of Contributor			Registration Number, if	rno	
NATHAN D. PAINTER				Form (Cash, Check, etc.)	
Street Address	Employer/Occupation/	Labor Organization			
6188 POLLARD PLACE			10 15 10	CHECK	
City		Code	M D Y	Amount	
HILLIARD	O H 4	3026	0 2 2 6 1	1 35.00	
Full Name of Contributor			Registration Number, it	PAC	
MARY L. WILSON				Form (Cash, Check, etc.)	
Street Address	Employer/Occupation	Labor Organization			
4729 CEMETERY RD				CHECK	
City		Code	M D Y	Amount	
TITLLIADE	O H 4	3026	0 2 2 6 1	1 50.00	
Required for contributions over \$100 to statewide and gene	ral assembly candidates. If contrib	utor is self-employed,	occupation rather than emplo	yer 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 \$ _____255.00