

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 JOHN T. COLSTON						Registration Number, if PAC			
Street Address 3280 OAKLAND HILLS DR			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City PICKERINGTON	State O H	Zip Code 43147	M 0	D 2	Y 2	Y 6	Y 1	Y 1	Amount 25.00
Full Name of Contributor FRANK L. CARRIER						Registration Number, if PAC			
Street Address 4437 PRAIRIE PINE CT			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O H	Zip Code 43026	M 0	D 2	Y 2	Y 6	Y 1	Y 1	Amount 35.00
Full Name of Contributor GREGORY E. EVANS						Registration Number, if PAC			
Street Address 5654 DAVIDSON RD			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O H	Zip Code 43026	M 0	D 2	Y 2	Y 2	Y 1	Y 1	Amount 25.00
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Y	Y	Y	Amount
Full Name of Contributor MELVIN SIMS						Registration Number, if PAC			
Street Address 4354 HEATHER RIDGE DR			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O H	Zip Code 43026	M 0	D 2	Y 2	Y 6	Y 1	Y 1	Amount 35.00
Full Name of Contributor DAVID W. COOK						Registration Number, if PAC			
Street Address 4153 STARGRASS COURT			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O H	Zip Code 43026	M 0	D 2	Y 2	Y 6	Y 1	Y 1	Amount 50.00
Full Name of Contributor NATHAN D. PAINTER						Registration Number, if PAC			
Street Address 6188 POLLARD PLACE			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O H	Zip Code 43026	M 0	D 2	Y 2	Y 6	Y 1	Y 1	Amount 35.00
Full Name of Contributor MARY L. WILSON						Registration Number, if PAC			
Street Address 4729 CEMETERY RD			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O H	Zip Code 43026	M 0	D 2	Y 2	Y 6	Y 1	Y 1	Amount 50.00

* 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 \$ 255.00