

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 HASSAN Y ZAHARAN					Registration Number, if PAC		
Street Address 704 OLD POND LN		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City POWELL	State O H	Zip Code 43065	M 0 2	D 2 2	Y 1 7	Amount 150.00	
Full Name of Contributor MARK D PACE					Registration Number, if PAC		
Street Address 12107 CHIPPEWA RD		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City BRECKSVILLE	State O H	Zip Code 44141	M 0 2	D 2 2	Y 1 7	Amount 250.00	
Full Name of Contributor JAMES A HOLOWICKI					Registration Number, if PAC		
Street Address 5049 CEMETERY RD		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O H	Zip Code 43026	M 0 2	D 2 0	Y 1 7	Amount 500.00	
Full Name of Contributor JAMES L LIPNOS					Registration Number, if PAC		
Street Address 7019 DEAN FARM RD		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City NEW ALBANY	State O H	Zip Code 43054	M 0 2	D 2 1	Y 1 7	Amount 125.00	
Full Name of Contributor CATHERINE A CUNNINGHAM					Registration Number, if PAC		
Street Address 5367 HESSLER CIRCLE		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O H	Zip Code 43026	M 0 2	D 2 2	Y 1 7	Amount 125.00	
Full Name of Contributor RONALD K MATTOX					Registration Number, if PAC		
Street Address 9930 COVAN DR		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City WESTERVILLE	State O H	Zip Code 43082	M 0 2	D 2 1	Y 1 7	Amount 125.00	
Full Name of Contributor DAVID W COOK					Registration Number, if PAC		
Street Address 4153 STARGRASS CT		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O H	Zip Code 43026	M 0 2	D 2 2	Y 1 7	Amount 125.00	
Full Name of Contributor JOSEPH E SULLIVAN					Registration Number, if PAC		
Street Address 7539 BARDSTON DR		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0 2	D 2 2	Y 1 7	Amount 125.00	

* 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 \$ 1,525.00