

# Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Committee to Re-elect Don Schonhardt</b>									
Full Name of Contributor <b>EARL CANTRELL JR</b>						Registration Number, if PAC			
Street Address <b>5300 CEMETERY RD</b>			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>HILLIARD</b>			State <b>O H</b>		Zip Code <b>43026</b>		M   D   Y <b>0 8 3 1 1 1</b>		Amount <b>500.00</b>
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		Amount
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		Amount
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City			State		Zip Code		M   D   Y		Amount

\* 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 \$ 500.00