

Prescribed by Secretary of State 2101

Name of Committee in Full													
Committee to Elect Donald Schonhardt													
To Whom Paid							M	D	Y	Amount			
FIFTH THIRD BANK							1	1	2	3	1	5	2.00
Address				Purpose									
PO BOX 630900				BANK CHARGES									
City				State		Zip Code		Check Number					
CINCINNATI				OH		45263							
To Whom Paid							M		D		Y		Amount
Address				Purpose									
To Whom Paid							M		D		Y		Amount
Address				Purpose									
To Whom Paid							M		D		Y		Amount
Address				Purpose									
To Whom Paid							M		D		Y		Amount
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To Whom Paid							M		D		Y		Amount
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To Whom Paid							M		D		Y		Amount
Address				Purpose									
To Whom Paid							M		D		Y		Amount
Address				Purpose									
To Whom Paid							M		D		Y		Amount
Address				Purpose									