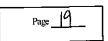
31-J-1
R.C.3517.10



In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full		
Name of Committee in Full Committee to Elect Donald Sch	honhardt	
Commutee to Elect Donald Sci	Employer, Occupation, Labor Organization *	Registration Number, if PAC
Full Name of Contributor		
Heritage Golf Club	Description of Item or Service	M D Y Fair Market Value
Street Address	Food & Beverage	0 2 2 3 1 1 418.50
3525 Heritage Club Dr.	State ZipCode	Received at Fundraising Event?
City 1	O H 43026 _	✓ YES NO
Hilliard	Employer, Occupation, Labor Organization *	Registration Number, if PAC
Full Name of Contributor	Employer, Cocupanois, Lator Organization	, i
Makoy Center	Description of Item or Service	M D Y Fair Market Value
Street Address		0 2 2 6 1 1 1 100.00
5462 Center St.	Food & Beverage State ZipCode	Received at Fundiraising Event?
City	1	YES NO
Hilliard	O H 43026	Registration Number, if PAC
Full Name of Contributor	Employer, Occupation, Labor Organization *	Togoti mani manori, a cono
	Description of Item or Service	M D Y Fair Market Value
Street Address	Description of nemos service	
	Contract Contract	Received at Fundraising Event?
City	State Zip Code	YES NO
		Registration Number, if PAC
Full Name of Contributor	Employer, Occupation, Labor Organization *	ingui montrano jaro
	D 101 Ct C	M D Y Fair Market Value
Street Address	Description of Item or Service	I was real real real real real real real real
		Received at Fundraising Event?
City	State Zip Code	Received at Fundraising Event / YES NO
		1 2
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC
		M D Y Fair Market Value
Street Address	Description of Item or Service	M D Y Fair Market Value
<u> </u>		Decoined at Europeanian Europea
City	State Zip Code	Received at Fundraising Event? YES NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC
		M In Ivi Incardona
Street Address	Description of Item or Service	M D Y Fair Market Value
City	State Zip Code	Received at Fundraising Event?
l [*]		YES NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address	Description of Item or Service	M D Y Fair Market Value
City	State Zip Code	Received at Fundraising Event?
City		YES NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC
1 WE THERE OF COMPUTED		
Street Address	Description of Item or Service	M D Y Fair Market Value
Street Address		
<u></u>	State Zip Code	Received at Fundraising Event?
City	1	YES NO
<u></u>		t

Page Total \$	518.50
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^{*} Required for contributions form individual 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 also appear. [R.C. 3517.10(B)(4)]