

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 LAURA MACGREGOR COMEK | | | | | Registration Number, if PAC | | |
| Street Address 7983 LUCKSTONE DR | | Employer/Occupation/Labor Organization | | | Form (Cash, Check, etc.) CHECK | | |
| City DUBLIN | State O H | Zip Code 43017 | M 0 | D 2 | Y 2 | Amount 500.00 | |
| Full Name of Contributor DONALD HUNTER | | | | | Registration Number, if PAC | | |
| Street Address 8120 TILLINGHAST DR | | Employer/Occupation/Labor Organization | | | Form (Cash, Check, etc.) CHECK | | |
| City DUBLIN | State O H | Zip Code 43017 | M 0 | D 2 | Y 2 | Amount 250.00 | |
| Full Name of Contributor MILES F HEBERT | | | | | Registration Number, if PAC | | |
| Street Address 51 WALCREEK DRIVE WEST | | Employer/Occupation/Labor Organization | | | Form (Cash, Check, etc.) CHECK | | |
| City GAHANNA | State O H | Zip Code 43230 | M 0 | D 2 | Y 2 | Amount 150.00 | |
| Full Name of Contributor STEVEN E JOHNSON | | | | | Registration Number, if PAC | | |
| Street Address 1039 REECE RIDGE DR | | Employer/Occupation/Labor Organization | | | Form (Cash, Check, etc.) CHECK | | |
| City GAHANNA | State O H | Zip Code 43230 | M 0 | D 2 | Y 2 | Amount 125.00 | |
| Full Name of Contributor THOMAS M. WARNER | | | | | Registration Number, if PAC | | |
| Street Address 7105 PLEASANT COLONY CIRCLE | | Employer/Occupation/Labor Organization | | | Form (Cash, Check, etc.) CHECK | | |
| City BLACKLICK | State O H | Zip Code 43004 | M 0 | D 2 | Y 2 | Amount 250.00 | |
| Full Name of Contributor JOSEPH D WINDAU | | | | | Registration Number, if PAC | | |
| Street Address 5869 TRAFALGAR LANE | | Employer/Occupation/Labor Organization | | | Form (Cash, Check, etc.) CHECK | | |
| City DUBLIN | State O H | Zip Code 43016 | M 0 | D 3 | Y 0 | Amount 125.00 | |
| Full Name of Contributor JAMES G SICARAS | | | | | Registration Number, if PAC | | |
| Street Address 1955 UPPER CHELSEA RD | | Employer/Occupation/Labor Organization | | | Form (Cash, Check, etc.) CHECK | | |
| City UPPER ARLINGTON | State O H | Zip Code 43221 | M 0 | D 2 | Y 2 | Amount 500.00 | |
| Full Name of Contributor BRIAN D PENCE | | | | | Registration Number, if PAC | | |
| Street Address 227 ISSAC THARP ST | | Employer/Occupation/Labor Organization | | | Form (Cash, Check, etc.) CHECK | | |
| City PATASKALA | State O H | Zip Code 43062 | M 0 | D 2 | Y 2 | 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 \$ 2,025.00