

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 ROBERT A FISHER						Registration Number, if PAC			
Street Address 6475 PLAIN CITY GEORGESVILLE RD			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City PLAIN CITY		State O H		Zip Code 43064		M 0	D 2	Y 2 5	Amount 125.00
Full Name of Contributor JAMES JOYCE						Registration Number, if PAC			
Street Address 3770 RIDGE MILL DR			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City HILLIARD		State O H		Zip Code 43026		M 0	D 2	Y 2 4	Amount 125.00
Full Name of Contributor CHRIS HOWARD						Registration Number, if PAC			
Street Address 8569 TURNBERRY CT			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City DUBLIN		State O H		Zip Code 43017		M 0	D 2	Y 1 3	Amount 125.00
Full Name of Contributor RINGLE FOR ENGINEER						Registration Number, if PAC			
Street Address 865 MACON ALLEY			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State O H		Zip Code 43206		M 0	D 2	Y 0 5	Amount 125.00
Full Name of Contributor ISSAC WILES BURKHOLDER & TEETOR LLC PAC						Registration Number, if PAC CP-1058			
Street Address 2 MIRANOVA PLACE SUITE 700			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State O H		Zip Code 43215		M 0	D 2	Y 1 2	Amount 500.00
Full Name of Contributor KAUFMAN COMMUNITIES LLC						Registration Number, if PAC			
Street Address 30 WARREN STREET			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State O H		Zip Code 43215		M 0	D 2	Y 1 8	Amount 125.00
Full Name of Contributor WOLPERT INC POLITICAL ACTION COMMITTEE						Registration Number, if PAC			
Street Address 4454 IDEA CENTER BLVD			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City DAYTON		State O H		Zip Code 45430		M 0	D 2	Y 2 3	Amount 125.00
Full Name of Contributor TODD LEE LYLE						Registration Number, if PAC			
Street Address 1822 SAN PASCUAL ST. UNIT A			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City SANTA BARBARA		State C A		Zip Code 93101		M 0	D 2	Y 2 3	Amount 250.00

* 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 \$ 1,500.00