31-A RC. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 2/01

| Committee to Elect Donald Schonhardt Sall Name of Contributor Call Na | | riescribed by sec | retary of state 2/01 | | | | | |
|--|---|--|--|-----------------------------|---------------|-----------------------|--|---------------------------------------|
| Table Page | Name of Committee in Full | | | | | | | |
| Table Page | Committee to Elect Donald Schonhar | dt | | | | | | |
| Employer/Occupation/Labor Organization | Full Name of Contributor | | Registration Number, if PAC | | | | | |
| Employer/Occupation/Labor Organization | GREGORY BACHMAN | | | | | | | |
| State | Street Address | Employer/Occup | | | | Form (Cash, Che | eck, etc.) | |
| State | 12281 MALLARD POND CT NW | | | | | CHECK | | |
| PICKERINGTON | City | State | Zip Code | М | Ð | Y | Amount | _1, |
| Name of Contributor | • | ОН | 43147 | 0 2 | 0:1 | 1 4 | | 100.00 |
| | Full Name of Contributor | | 1 10.4.1. | | | | (C | |
| | PODRIC W BAFSMAN | | | | | | | |
| A745 CLARK SHAW RD | | Employer/Occur | pation/Labor Organization | | | | Form (Cash, Ch | eck, etc.) |
| State | | | | | | CHECK | | |
| POWELL | City | State | Zip Code | M | Ď | Y. | | |
| Name of Contributor | • | OIH | 1 ' | 0 2 | 015 | 1 4 | | 100.00 |
| JAMES L. BENDER | | . 0 22 | 10000 | | | | \C | 100.00 |
| Employer/Occupation/Lubor Organization | | | | | | | | |
| T743 ASHLAND AVE | | Employer/Occur | - L | | | Form (Cash, Ch | eck, etc.) | |
| Strate Zip Code Mi | | Zimproy or, o doug | | | | l ' | | |
| COLUMBUS | | State | 7 in Code | M | D | I Y. | | · · · · · · · · · · · · · · · · · · · |
| Registration Number, if PAC Street Address Employer/Occupation/Labor Organization Street Address Street Address Employer/Occupation/Labor Organization Street Address St | ' | 1 | 1 ' | l l | 1 | | | 100.00 |
| Street Address Employer/Occupation/Labor Organization Form (Cash, Check, etc.) CHECK | | 10 11 | 43212 | | | | AC . | 100.00 |
| Form (Cash, Check, etc.) Form (Cash, Check, etc.) | | | | | | | | |
| State Zip Code Mi | | Employer/Occupation/Labor Organization | | | | | Form (Cash, Ch | eck. etc.) |
| State Zip Code M | | Employ divoced | | | | · ' ' | | |
| DELAWARE | | State | T7 in Code | 1 M | T D | Ι Υ. | | <u>`</u> |
| Full Name of Contributor BLAKE E. RAFELD Street Address 3504 COLCHESTER RD State Zip Code M D 2 1 3 1 4 100.00 Full Name of Contributor JAMES LOUIS LIPNOS State Zip Code M D 2 1 3 1 4 100.00 Form (Cash, Check, etc.) CHECK C | 1 | _ , _ , | 1 ' | | I | 1 | | 100.00 |
| BLAKE E. RAFELD Street Address Employer/Occupation/Labor Organization CHECK | | Ulli | 43013 | | | | A.C. | 100.00 |
| Employer/Occupation/Labor Organization | | | | , region | anon rum | ioci, ii i | | |
| State Zip Code M D Y Amount | | Employar//)con | oation/Labor Organization | L | | | Form (Cash, Ch | eck, etc.) |
| State Zip Code Mi | 1 | Employen/Occu | | | | | | |
| COLUMBUS O H 43221 O 2 1 3 1 4 100.00 | | Ctota | TZin Code | I Mi | П | T Vi | | |
| Full Name of Contributor JAMES LOUIS LIPNOS Street Address 7019 DEAN FARM RD State Zip Code M D D Y Amount NEW ALBANY NEW ALBANY O H 43054-9216 Steet Address Employer/Occupation/Labor Organization Registration Number, if PAC Form (Cash, Check, etc.) CHECK Registration Number, if PAC Form (Cash, Check, etc.) CHECK Registration Number, if PAC Form (Cash, Check, etc.) CHECK Registration Number, if PAC Form (Cash, Check, etc.) CHECK City COLUMBUS O H 43219 O 1 3 1 1 4 100.00 Registration Number, if PAC CHECK Registration Number, if PAC CHECK Registration Number, if PAC Form (Cash, Check, etc.) CHECK Registration Number, if PAC CHECK Form (Cash, Check, etc.) CHECK Employer/Occupation/Labor Organization Form (Cash, Check, etc.) Form (Cash, Check, etc.) Form (Cash, Check, etc.) | · | | Į. | - I i | 1 | | unoun | 100.00 |
| Street Address 7019 DEAN FARM RD State Zip Code M D Y Amount NEW ALBANY O H 43054-9216 Street Address 2 Employer/Occupation/Labor Organization Registration Number, if PAC Street Address 2 EASTON OVAL SUITE 510 State Zip Code M D D Y Amount Registration Number, if PAC Form (Cash, Check, etc.) CHECK Form (Cash, Check, etc.) CHECK Registration Number, if PAC CHECK CHECK CHECK State Zip Code M D D Y Amount CHECK CHECK CHECK CHECK Form (Cash, Check, etc.) CHECK C | | ОП | 43221 | | | | 1 | 100.00 |
| Street Address | | | | reg In. | | | | |
| Total DEAN FARM RD | | IC1iO | | | | Form (Cash Ch | eck etc.) | |
| NEW ALBANY State Zip Code M D Y Amount | | Ещрюу споссирацопу савот отдангация | | | | | | |
| NEW ALBANY | | State | Trin Code | M | in | T V. | | |
| Full Name of Contributor SCHOTTENSTEIN REAL ESTATE GROUP Street Address 2 EASTON OVAL SUITE 510 State Zip Code M D Y Amount COLUMBUS Full Name of Contributor CHAD BURTON Street Address Employer/Occupation/Labor Organization Form (Cash, Check, etc.) CHECK Registration Number, if PAC CHECK Registration Number, if PAC CHECK Registration Number, if PAC Form (Cash, Check, etc.) Form (Cash, Check, etc.) | 1 ' | | 1 ' | 1 1 | 1 | 1 : | | 100.00 |
| Street Address Employer/Occupation/Labor Organization 2 EASTON OVAL SUITE 510 State Zip Code M D V Amount COLUMBUS O H 43219 CHAD BURTON Street Address Employer/Occupation/Labor Organization Street Address Employer/Occupation/Labor Organization Form (Cash, Check, etc.) CHECK CHECK Registration Number, if PAC Form (Cash, Check, etc.) | | I O I H | 43054-9216 | | | 1 7 7 | A C | 100.00 |
| $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ | | n our | | nagan | ation: (viii | 11061, 11 1 / | no. | |
| 2 EASTON OVAL SUITE 510 CHECK City State Zip Code M D YI Amount COLUMBUS O H 43219 O 1 3 1 1 1 4 100.00 Full Name of Contributor Registration Number, if PAC CHAD BURTON Street Address Employer/Occupation/Labor Organization Form (Cash, Check, etc.) | | ROUP | · · · · · · · · · · · · · · · · · · · | <u> </u> | | | Team (Cash Ch | ack etc. |
| State Zip Code M D Y Amount | | Employer/Occu | | | | 1 | • | |
| COLUMBUS O H 43219 O 1 3 1 1 4 100.00 Full Name of Contributor CHAD BURTON Street Address Employer/Occupation/Labor Organization Form (Cash, Check, etc.) | | State | LMI | | | | ` | |
| Full Name of Contributor CHAD BURTON Street Address Employer/Occupation/Labor Organization Registration Number, if PAC Form (Cash, Check, etc.) | 1 · | | 1 ' | | 1 . | 1 1 | | 100.00 |
| CHAD BURTON Street Address Employer/Occupation/Labor Organization Form (Cash, Check, etc.) | | ОП | 1 43219 | | | | | 100.00 |
| Street Address Employer/Occupation/Labor Organization Form (Cash, Check, etc.) | | | | VeRran | univil i vill | uσσι _ι μΓ. | | |
| Succe Address | | le 1 10 | | | | | Form (Cash Ch | neck etc.) |
| CHECK | | Employer/Occu | | | | | | |
| 6747 OAK SHADOW DR CHECK | | 1 | Ta: . C . 4 | - 1.45 | I B | T v: | | ` |
| 100.00 | | _ , , , , , , | | | | 1 1 | AUROLLIK | 100.00 |
| WESTERVILLE O H 43082 0 1 2 7 1 4 100.00 | WESTERVILLE | | 43082 | | | | was the old by 1'- | |
| * 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 | * Required for contributions over \$100 to statewide and general as | sembly candidates. If | contributor is self-employed if \$100, the labor organization | , occupation of which th | e employ | ees are m | iyer should be his nembers, if anv. m | nust |

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be isted.

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 \$ 800.00