

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 GREGORY BACHMAN					Registration Number, if PAC		
Street Address 12281 MALLARD POND CT NW		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City PICKERINGTON	State O H	Zip Code 43147	M 0	D 2	Y 0114	Amount 100.00	
Full Name of Contributor RODRIC W BAESMAN					Registration Number, if PAC		
Street Address 4745 CLARK SHAW RD		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City POWELL	State O H	Zip Code 43065	M 0	D 2	Y 0514	Amount 100.00	
Full Name of Contributor JAMES L. BENDER					Registration Number, if PAC		
Street Address 1743 ASHLAND AVE		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43212	M 0	D 2	Y 0514	Amount 100.00	
Full Name of Contributor JOEL D. RHOADES					Registration Number, if PAC		
Street Address 5975 SOUTH SECTION LINE RD		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City DELAWARE	State O H	Zip Code 43015	M 0	D 2	Y 0414	Amount 100.00	
Full Name of Contributor BLAKE E. RAFELD					Registration Number, if PAC		
Street Address 3504 COLCHESTER RD		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43221	M 0	D 2	Y 1314	Amount 100.00	
Full Name of Contributor JAMES LOUIS LIPNOS					Registration Number, if PAC		
Street Address 7019 DEAN FARM RD		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City NEW ALBANY	State O H	Zip Code 43054-9216	M 0	D 2	Y 1314	Amount 100.00	
Full Name of Contributor SCHOTTENSTEIN REAL ESTATE GROUP					Registration Number, if PAC		
Street Address 2 EASTON OVAL SUITE 510		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43219	M 0	D 1	Y 3114	Amount 100.00	
Full Name of Contributor CHAD BURTON					Registration Number, if PAC		
Street Address 6747 OAK SHADOW DR		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City WESTERVILLE	State O H	Zip Code 43082	M 0	D 1	Y 2714	Amount 100.00	

* 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 \$ 800.00