Page

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Committee to Elect Donald Schonhard	t			/F	1 7 5		
	İ			Registration Number, if PAC			
DAVID J. KOZAR Street Address	[Employer/Occur	pation/Labor Organization				Farm /Carl Charles to	
	EmployenOccu	padody Labor Organization				Form (Cash, Check, etc.)	
2700 CAMDEN RD	State	Zip Code	M	l D	Y	CHECK Amount	
UPPER ARLINGTON	OH	43221		l .			
Full Name of Contributor	10 11	43221	0 2				
Full Name of Contributor Registration Number, if PAC LESLIE A. MITCHELL							
Street Address	[Employer/Occur	pation/Labor Organization				Form (Cash, Check, etc.)	
51 COLLEGE PL.	Employ of cooupanion and on Sanzanion				CHECK		
City	State	Zip Code	M	D	ΙΥ	Amount	
WESTERVILLE	OH	43081	0 2		1 8	125.00	
Full Name of Contributor	1 0 1	10001		ation Nun			
PERRY J. MORGAN							
Street Address	Employer/Occur	pation/Labor Organization				Form (Cash, Check, etc.)	
3536 SCHIRTZINGER RD						CHECK	
City	State	Zip Code	M	D	Y	Amount	
HILLIARD	ОН	43026	0 2	2.0	1 8	125.00	
Full Name of Contributor		·		ation Nun			
J. WESLEY HALL			f				
Street Address	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
2235 ORANGE LAKE DR					CHECK		
City	State	Zip Code	M	D	Y	Amount	
LEWIS CENTER	OH	43035	0 1	2.9	1:8	250.00	
Full Name of Contributor Registration Number, if PAC							
PAUL J. LANDRY							
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)	
2984 CASPER AVE						CHECK	
City	State	Zip Code	M	D		Amount	
HILLIARD	O H	43026	0 2		1 8	125.00	
Full Name of Contributor Registration Number, if PAC							
JAY MUETHER Street Address Employer/Occupation/Labor Organization Form (Cash, Check, etc.)							
	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
3434 HERITAGE OAKS DR.	State	17in Code	I M	T 5	I V	CHECK	
City	1	Zip Code	M	D	Y	Amount 125 00	
HILLIARD Full Name of Contributor	ОН	43026		2 0			
run Name of Controlitor		Registration Number, if PAC					
Street Address	[Employer/Occus	pation/Labor Organization			_	Form (Cash, Check, etc.)	
Succe Address	Embioscisocca				orm (Casis, Check, GC.)		
City	State	Zip Code	М	l D	I Y	Amount	
	Julio	Z.p code	"			, anotan	
Full Name of Contributor	<u> </u>	<u> </u>	Registra	ation Nun	ber, if PA	AC	
WILLIS R. CONNER							
Street Address	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
2550 CORPORATE EXCHANGE DR				CHECK			
City	State	Zip Code	M;	D	Y	Amount	
COLUMBUS	OH	43231	0 2	1 2	1 8	500.00	
* Required for contributions over \$100 to statewide and general asser							

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 \$ 1,375.00