31-A
R.C. 3517.10

Page 2

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									Registration Number, if PAC		
ROBERT E. YOAKAM											
Street Address	Employer/Occupation/Labor Organization									Form (Cash, Check, etc.)	
4864 VANDORN CT										CHECK	
City	State	Zip Code	M		D		Y			Amount	
HILLIARD	O H	43026	0	2	0	9	1	8		125.00	
Full Name of Contributor									Registration Number, if PAC		
DAVID W. HELM											
Street Address	Employer/Occupation/Labor Organization									Form (Cash, Check, etc.)	
9746 SOUTHERN BELLE CT										CHECK	
City	State	Zip Code	M		D		Y			Amount	
DAYTON	O H	45458	0	2	0	8	1	8		125.00	
Full Name of Contributor									Registration Number, if PAC		
JOSEPH M. SMILEY											
Street Address	Employer/Occupation/Labor Organization									Form (Cash, Check, etc.)	
8084 WINTER HILL CT										CHECK	
City	State	Zip Code	M		D		Y			Amount	
WESTERVILLE	O H	43081	0	2	0	7	1	8		250.00	
Full Name of Contributor									Registration Number, if PAC		
BLAKE E. RAFELD											
Street Address	Employer/Occupation/Labor Organization									Form (Cash, Check, etc.)	
3504 COLCHESTER RD										CHECK	
City	State	Zip Code	M		D		Y			Amount	
COLUMBUS	O H	43221	0	2	0	5	1	8		125.00	
Full Name of Contributor									Registration Number, if PAC		
DANIEL M OBRIEN											
Street Address	Employer/Occupation/Labor Organization									Form (Cash, Check, etc.)	
1173 MCCLEARY CT										CHECK	
City	State	Zip Code	M		D		Y			Amount	
COLUMBUS	O H	43235	0	2	0	1	1	8		200.00	
Full Name of Contributor									Registration Number, if PAC		
DANIEL B. SMITH											
Street Address	Employer/Occupation/Labor Organization									Form (Cash, Check, etc.)	
203 S. STANWOOD RD										CHECK	
City	State	Zip Code	M		D		Y			Amount	
BEXLEY	O H	43209	0	2	0	1	1	8		125.00	
Full Name of Contributor									Registration Number, if PAC		
DON ERIC DEHAYS											
Street Address	Employer/Occupation/Labor Organization									Form (Cash, Check, etc.)	
4828 BIXBY RIDGE DR. E.										CHECK	
City	State	Zip Code	M		D		Y			Amount	
GROVEPORT	O H	43125	0	2	2	0	1	8		125.00	
Full Name of Contributor									Registration Number, if PAC		
CARSON DEHAYS											
Street Address	Employer/Occupation/Labor Organization									Form (Cash, Check, etc.)	
6990 POLPIS RD										CHECK	
City	State	Zip Code	M		D		Y			Amount	
REYNOLDSBURG	O H	43068	0	2	2	0	1	8		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 $ 1,200.00