31-A
R.C. 3517.10

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full	<del></del>				_	
Protect Hilliard's Future	•					
Full Name of Contributor			Registr	ation Num	har if D	<u></u>
Committee to Elect Donald Schon	hardt		ilegist.	odori Ir dil	DCL, a 1 E	
Street Address		pation/Labor Organization*			_	Form (Cash, Check, etc.)
5307 Franklin St		Candidate campaign com				Check
City	State	Zip Code	M	DI	TVI	Amount
Hilliard	0   1		0 1	1 !	$9 \begin{vmatrix} 1 \end{vmatrix}$	1
Full Name of Contributor	101-	- 1 43020		t   ∠ 1 : ation Num		
			In Ogiski	COOL TACKL	OCI, KIP	
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
ł		· · · · · · · · · · · · · · · · · · ·				Tompout check etc.)
City	State	Zip Code	MI	14	T VI	Amount
					1 1	Z. WOOK
Full Name of Contributor			Registra	ation Numi	t l berifP≜	<u></u>
			1.00	20011213111	OCI, II 1 I	
Street Address	Employer/Occur	pation/Labor Organization*			_	Form (Cash, Check, etc.)
	J.,	yaaraa aa a				torin (casit check etc.)
City	State	Žip Code	- MI	Di	TYI	Amount
			""]		1	A I I I I I I I I I I I I I I I I I I I
Full Name of Contributor	<u> </u>	<u> </u>	I Daviste:	ation Numi	Land of DA	<u></u>
			Regions	JUON IN CHIA	OCI, MIH	C
Street Address	Frontouer/Decry	pation/Labor Organization*				Form (Cash, Check, etc.)
	Linguages	passia 2000 Organizadori				roun(cast check stell
City	State	Zip Code	Mi	Di	7 71	Amount
	1	120000	"		1	Alloga
Full Name of Contributor	<u>!</u>	<u> </u>	Registra	rtion Numl	l her≆fP&t	<u> </u>
			in cyson c		oci, n 1 m	C
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
	Employer/occupations organization Francisco					
City	State	Zip Code	MI	DI	Y	Amount
,						
Full Name of Contributor	!		Renistra	ition Numb	herifPA	<u>г</u>
			,,,,,,,			
Street Address	Employer/Occur	oation/Labor Organization*				Form (Cash, Check, etc.)
						s will ( waste wild stop of ord)
City	State	Zip Code	MI	Dj	YI	Amount
,	1	-,				J. C.
Full Name of Contributor	!	1	Registra	tion Numb	t SerifP∆	<u>.                                    </u>
						•
Street Address	Employer/Decay	oation/Labor Organization*				Form (Cash, Check, etc.)
	2	and a door or years on the				To the country of the country
City	State	Zip Code	M	Di	T YI	Amount
•··· <b>,</b>	1	24 444	••			*******
Full Name of Contributor		l	Renidea	tion Numb	ner if PA	<u> </u>
			I COUNTY		, c., a . r.	v
Street Address	Employer/ficer	ation/Labor Organization*				Form (Cash, Check, etc.)
					a series and a series and	
City	State	Zip Code	MI	DI	T YI	Amount
, <i>,</i>			'"			
	I I		Į ŀ	1	1 1	

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, 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 \$	100.00