

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 DREW BERLIN						Registration Number, if PAC			
Street Address 6870 FLEUR			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City WESTERVILLE	State O H	Zip Code 43082	M 0	D 2	Y 2	Amount 150.00			
Full Name of Contributor JULIA S. PHELPS						Registration Number, if PAC			
Street Address 6290 POST RD			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 2	Y 5	Amount 200.00			
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 4	Amount 125.00			
Full Name of Contributor THOMAS B. MERRITT						Registration Number, if PAC			
Street Address 7685 KESTREL WY E			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 2	Y 4	Amount 125.00			
Full Name of Contributor RICHARD G. CUMMINS						Registration Number, if PAC			
Street Address 5583 VILLA GATES DR.			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O H	Zip Code 43026	M 0	D 2	Y 4	Amount 125.00			
Full Name of Contributor PERRY J. MORGAN						Registration Number, if PAC			
Street Address 3536 SCHIRTZINGER RD			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O H	Zip Code 43026	M 0	D 2	Y 4	Amount 125.00			
Full Name of Contributor DAVID R. AHLUM						Registration Number, if PAC			
Street Address 8501 PATTERSON RD			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O H	Zip Code 43026	M 0	D 2	Y 3	Amount 125.00			
Full Name of Contributor JON C. JASPER						Registration Number, if PAC			
Street Address 3861 STONESTHROW CT W			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O H	Zip Code 43026	M 0	D 2	Y 4	Amount 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 \$ 1,100.00