

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 DARLENE YOAKAM						Registration Number, if PAC			
Street Address 3166 SCIOTO ESTATES CT			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State O H	Zip Code 43221		M 0	D 2	Y 1	Amount 125.00	
Full Name of Contributor ELIZABETH A BERLIN						Registration Number, if PAC			
Street Address 6870 FLEUR DR			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City WESTERVILLE		State O H	Zip Code 43082		M 0	D 2	Y 2	Amount 125.00	
Full Name of Contributor TIMOTHY VANECHO						Registration Number, if PAC			
Street Address 6191 HERITAGE LAKES DR			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City HILLIARD		State O H	Zip Code 43026		M 0	D 2	Y 2	Amount 125.00	
Full Name of Contributor MSCPAC						Registration Number, if PAC			
Street Address PO BOX 594			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City YOUNGSTOWN		State O H	Zip Code 44501		M 0	D 2	Y 2	Amount 200.00	
Full Name of Contributor ROBERT J APEL						Registration Number, if PAC			
Street Address 4633 HAYDEN RUN RD			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State O H	Zip Code 43221		M 0	D 2	Y 1	Amount 125.00	
Full Name of Contributor JAY MUETHER						Registration Number, if PAC			
Street Address 3434 HERITAGE OAKS DR			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City HILLIARD		State O H	Zip Code 43026		M 0	D 2	Y 1	Amount 125.00	
Full Name of Contributor PATRICK SHIVLEY						Registration Number, if PAC			
Street Address 1159 HARRISON POND DR			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City NEW ALBANY		State O H	Zip Code 43054		M 0	D 2	Y 1	Amount 125.00	
Full Name of Contributor HEATHER WRIGHTSEL						Registration Number, if PAC			
Street Address 2245 TREMONT RD			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State O H	Zip Code 43221		M 0	D 2	Y 1	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 or organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

Page Total \$ 1,075.00