31-	A
R.C.	3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full				
Committee to Elect Donald Schonh	ardt		10 10 10 10 10	
Full Name of Contributor			Registration Number, if P.	AC
JOSEPH E. SULLIVAN Street Address	EmployedOccur	pation/Labor Organization		Form (Cash, Check, etc.)
	Employer/Occu	parioración Organización		CHECK
7539 BARDSTON DR	State	Zip Code	M; D Y _i	Amount
DUBLIN	O H	43017-2412	0 2 1 9 1 4	100.00
Full Name of Contributor	0	1 40017-2412	Registration Number, if P.	
MICHAEL J. CROWLEY				
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)
2475 ANSON ST				CHECK
City	State	Zip Code	M D Y	Amount
COLUMBUS	ОН	43220	0.2 2 6 1 4	200.00
Full Name of Contributor			Registration Number, if P	AC
WILLIS R. CONNER				
Street Address	Employer/Occup	pation/Labor Organization		Form (Cash, Check, etc.)
7260 SHADELAND STATION		- -	· r : 2 · · · · · · · · · · · · · · · · · ·	CHECK
City	State	Zip Code	M, D Y	Amount
INDIANAPOLIS	IN	46256	0 2 2 0 1 4 Registration Number, if P	
Full Name of Contributor			Registration (vumoer, u F	AC
JAMES HOLOWICKI Street Address	Employer/Con-	pation/Labor Organization		Form (Cash, Check, etc.)
5049 CEMETERY RD	Litipidy et/Occu	pation Caguization		CHECK
City SU49 CEMETER I RD	State	Zip Code	M D Y	Amount
HILLIARD	О . Н	43026	0 2 2 5 1 4	500.00
Full Name of Contributor	10	1 40020	Registration Number, if P	
ROBERT P. KIRKLEY				
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)
7548 OVERLAND TRAIL				CHECK
City	State	Zip Code	M D Y	Amount
DELAWARE	OIH	43015	0 2 2 0 1 4	
Full Name of Contributor	<u>.</u>	_	Registration Number, if P	AC
MARK D. PACE				
Street Address	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)
12107 CHIPPEWA RD		7:- 6-4-	Mi D Yi	CHECK Amount
City	State O FI	Zip Code		
BRECKSVILLE	0 1 11	44141-2127	0 2 2 6 1 4 Registration Number, if F	
Full Name of Contributor			Reg Bu attort (vanioci, a 1	
DAVID R. AHLUM Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)
8501 PATTERSON RD	Employ sile ocupation cases of a mercanism			CHECK
City	State	Zip Code	Mi D Y	Amount
HILLIARD	O H	43026	0 2 2 6 1 4	100.00
Full Name of Contributor		,	Registration Number, if F	
MATTHEW E. FERRIS				
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)
2036 BERKSHIRE RD				CHECK
City	State	Zip Code	M D Y	Amount
COLUMBUS	O H	43221	0 2 2 6 1 4	
* Required for contributions over \$100 to statewide and general				

appear. R.C. 3517.10(B)(4)

Page Total \$ 1,850.00