Page 10	_
---------	---

Statement of Contributions Received

Prescribed by Secretary of State 2/01

N. C. A. F.N						
Name of Committee in Full						
Committee to Elect Donald Schonhardt						
Full Name of Contributor Registration Number, if PAC						
CENTRAL OHIO REALTORS POLITIC			<u></u>		Farm (Carlo Charle ata)	
Street Address	Employer/Occup	ation/Labor Organization			Form (Cash, Check, etc.)	
2700 AIRPORT DR					CHECK	
City	. ~-	Zip Code	M D		Amount	
COLUMBUS	O H	43219	0 2 2 5		750.00	
Full Name of Contributor Registration Number, if PAC						
WILLIS R. CONNER			<u></u>			
Street Address	Employer/Occup	ation/Labor Organization			Form (Cash, Check, etc.)	
2550 CORPORATE EXCHANGE DR					CHECK	
City	State	Zip Code	M D	Y	Amount	
COLUMBUS	O H	43231	0 2 2 3	1 6	250.00	
Full Name of Contributor			Registration Num	ber, if PA	vC	
DAVID C. RUMA						
Street Address	Employer/Occup	ation/Labor Organization			Form (Cash, Check, etc.)	
4220 SHIRE COVE RD					CHECK	
City	State	Zip Code	M D	Y	Amount	
HILLIARD	OH	43026	0 2 1 9	1 6	125.00	
Full Name of Contributor	'		Registration Num		vC	
DOUGLAS FRAZIER						
Street Address	Employer/Occup	ation/Labor Organization	<u> </u>		Form (Cash, Check, etc.)	
566 LAKE KNOLL COURT					CHECK	
City	State	Zip Code	M D	Y	Amount	
GAHANNA	OFH	43230	0 2 2 3	1 6	125.00	
Full Name of Contributor	<u> </u>	10200	Registration Num			
KENT S. JOHNSON						
Street Address	Employer/Occum	ation/Labor Organization			Form (Cash, Check, etc.)	
145 S. REMINGTON RD.					CHECK	
City	State	Zip Code	M D	Y	Amount	
BEXLEY	OH	43209	0 3 0 8	1 1	125.00	
Full Name of Contributor	0 11	43209	Registration Num			
l · · · · · · · · · · · · · · · · · · ·						
ISAAC WILES POLITICAL ACTION COMMITTEE Street Address Employer/Occupation/Labor Organization Form (Cash, Check, etc.)						
2 MIRANOVA PLACE SUITE 700	Linployer, Occup	anory Easor Organization			CHECK	
City	State	Zip Code	M D	ΙΥ	Amount	
1 *	OH	ı •	1 1 1	1 .	500.00	
COLUMBUS Full Name of Contributor	0 11	43215	0 4 0 4 Registration Num			
			Registration Num	ioer, u Pi	4C	
GPD GROUP - STEVEN MULLANEY	Ir i io		<u> </u>		E (O.). Ob. d I. I	
Street Address	Employer/Occup	ation/Labor Organization			Form (Cash, Check, etc.)	
520 S. MAIN ST. STE 2531			T ::: T =		CHECK	
City	State	Zip Code	M D	Y	Amount	
AKRON	OH	44311	0 4 1 2			
Full Name of Contributor Registration Number, if PAC						
GPD GROUP - DAVIN NG						
Street Address	Employer/Occup	ation/Labor Organization			Form (Cash, Check, etc.)	
520 S. MAIN ST. STE 2531					CHECK_	
City	State	Zip Code	M D	Y	Amount	
AKRON	OH	44311	0 4 1 2	1 6	100.00	

* 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 \$ 2,075.00