

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 JOSEPH M SMILEY						Registration Number, if PAC			
Street Address 8084 WINTER HILL CT			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City WESTERVILLE	State O	H H	Zip Code 43081-5020	M 0	D 2	Y 2	Amount 125.00		
Full Name of Contributor JOHN D FRANCIS						Registration Number, if PAC			
Street Address 905 COVE POINT DR			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City COLUMUBUS	State O	H H	Zip Code 43228	M 0	D 2	Y 1	Amount 150.00		
Full Name of Contributor MATTHEW E FERRIS						Registration Number, if PAC			
Street Address 2036 BERKSHIRE RD			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City COLUMUBUS	State O	H H	Zip Code 43221	M 0	D 2	Y 2	Amount 150.00		
Full Name of Contributor A. RICK CAPONE						Registration Number, if PAC			
Street Address 4551 HUNTING VALLEY LANE			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City BRECKSVILLE	State O	H H	Zip Code 44141	M 0	D 2	Y 2	Amount 200.00		
Full Name of Contributor RICHARD H MCCALL						Registration Number, if PAC			
Street Address 5928 HAUGHN RD			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City GROVE CITY	State O	H H	Zip Code 43123-8575	M 0	D 2	Y 1	Amount 200.00		
Full Name of Contributor JOE SUGAR JR.						Registration Number, if PAC			
Street Address 1568 ROXBURY RD			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City COLUMUBUS	State O	H H	Zip Code 43212	M 0	D 2	Y 1	Amount 200.00		
Full Name of Contributor STEVEN P KOCH						Registration Number, if PAC			
Street Address 2383 ZOLLINGER RD			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City COLUMUBUS	State O	H H	Zip Code 43221-2648	M 0	D 2	Y 2	Amount 125.00		
Full Name of Contributor DAVID C RUMA						Registration Number, if PAC			
Street Address 4220 SHIRE COVE RD			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O	H H	Zip Code 43026	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 organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

Page Total \$ 1,275.00