

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 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 2	Amount 100.00	
Full Name of Contributor WILLIS R. CONNER					Registration Number, if PAC		
Street Address 7260 SHADELAND STATION		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City INDIANAPOLIS	State I N	Zip Code 46256	M 0	D 2	Y 1	Amount 200.00	
Full Name of Contributor DANIEL M OBRIEN					Registration Number, if PAC		
Street Address 1173 MCCLEARY CT		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43235	M 0	D 2	Y 2	Amount 100.00	
Full Name of Contributor PIERRE F. O'HARE					Registration Number, if PAC		
Street Address 1009 ZODIAC AVE		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City GAHANNA	State O H	Zip Code 43230	M 0	D 2	Y 2	Amount 100.00	
Full Name of Contributor JOSEPH A. RIDGEWAY					Registration Number, if PAC		
Street Address 2700 SHERWOOD RD		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43209	M 0	D 2	Y 2	Amount 100.00	
Full Name of Contributor MANOJ SETHI					Registration Number, if PAC		
Street Address 7674 JOHNTIMM CT		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 2	Y 2	Amount 200.00	
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 2	Amount 100.00	
Full Name of Contributor ALLEN J. SMITH JR.					Registration Number, if PAC		
Street Address 3750 BUNTY STATION RD		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City DELAWARE	State O H	Zip Code 43015	M 0	D 2	Y 2	Amount 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 \$ 1,000.00