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			Registrat	ion Numb	er, if PAC	
CENTRAL OHIO REALTORS POLITICAL ACTION COMMITTEE						
Street Address		tion/Labor Organization				Form (Cash, Check, etc.)
2700 AIRPORT DR						CHECK
City	State	Zip Code	M	D	Y	Amount
COLUMBUS	ОН	43219	0 2	2 2	1 7	1,000.00
Full Name of Contributor Registration Number, if PAC						
MSCPAC						
Street Address	Employer/Occupa	tion/Labor Organization				Form (Cash, Check, etc.)
PO BOX 594		In the second second			Ţ <u>.</u>	CHECK
City	State	Zip Code	M	D	\ Y _	Amount
YOUNGSTOWN Full Name of Contributor	O H	44501		2 0		250.00
BLAKE E RAFELD				egistration Number, if PAC		
Street Address	Employer/Occuma	tion/Labor Organization	L			Form (Cash, Check, etc.)
3504 COLCHESTER RD	Employer/Occupation/Labor Organization					CHECK
City	State	Zip Code	М	D	ΙΥ	Amount
COLUMBUS	ОН	43221			1,7	125.00
Full Name of Contributor	0 11	10241		on Numbe		125.00
DANIEL B. SMITH					,	
Street Address	Employer/Occupa	tion/Labor Organization				Form (Cash, Check, etc.)
203 S. STANWOOD RD						CHECK
City	State	Zip Code	M	D	Y	Amount
BEXLEY	OH	43209	0 2	0 9	1.7	125.00
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·			on Numbe		
DANIEL M OBRIEN						
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)
1173 MCCLEARY CT						CHECK
City	State	Zip Code	M	D	Y	Amount
COLUMBUS	O H	43235			1 7	125.00
Full Name of Contributor Registration Number, if PAC						
ROBERT J. (SKIP) WEILER						
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)
10 N HIGH ST STE 401	Contract	7'. 0-1.	1		I w'	CHECK
City COLLINADUC	State O H	Zip Code	M	D 7	Y	Amount
COLUMBUS Full Name of Contributor	ОН	43215	0 2 Registrati		1 7	125.00
DAVID W. HELM			Regionali	OH PULLIO	а,игас	
Street Address	Employer/Occupat	tion/Labor Organization		•••		Form (Cash, Check, etc.)
9730 SOUTHERN BELLE CT	Еттрюуст Оссири	KAV LIIOM OI GIIII LAIKAI				CHECK
City	State	Zip Code	М	D	Y	Amount
DAYTON	ОН	45458	1	1 1	1 7	125.00
Full Name of Contributor	<u> </u>	10100	Registrati			120.00
CHRISTOPHER D ERAMO						
Street Address	Employer/Occupat	ion/Labor Organization				Form (Cash, Check, etc.)
4927 KILLARNEY CT						CHECK
City	State	Zip Code	М	D	Y	Amount
WESTERVILLE	O H	43082	0_2	1 6	1 7	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 \$ 2,000.00