

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	M 2	D 6	Y 1	Amount 100.00
Full Name of Contributor MICHAEL LEIBRAND						Registration Number, if PAC			
Street Address 1112 URLIN AV			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43212	M 0	D 2	Y 2	M 2	D 6	Y 1	Amount 100.00
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 COLUMBUS	State O H	Zip Code 43228	M 0	D 2	Y 1	M 2	D 6	Y 1	Amount 100.00
Full Name of Contributor THOMAS B. MERRITT						Registration Number, if PAC			
Street Address 7685 KESTREL WY E			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 2	Y 2	M 2	D 6	Y 1	Amount 100.00
Full Name of Contributor JON C. JASPER						Registration Number, if PAC			
Street Address 3861 STONETHROW CT W			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O H	Zip Code 43026	M 0	D 2	Y 2	M 5	D 1	Y 4	Amount 100.00
Full Name of Contributor JAMES A. STURM						Registration Number, if PAC			
Street Address 3204 SAYBROOK CT			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 2	Y 2	M 6	D 1	Y 4	Amount 100.00
Full Name of Contributor EDWARD P. FERRIS						Registration Number, if PAC			
Street Address 1959 COLLINGSWOOD RD			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43221	M 0	D 2	Y 2	M 5	D 1	Y 4	Amount 100.00
Full Name of Contributor DANA D. JOHNSON						Registration Number, if PAC			
Street Address 1039 REECE RIDGE DR			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City GAHANNA	State O H	Zip Code 43230-4553	M 0	D 2	Y 2	M 6	D 1	Y 4	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 \$ 800.00