

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 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 100.00	
Full Name of Contributor STEVEN 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	M 0	D 2	Y 2	Amount 100.00	
Full Name of Contributor JAMES MITCHELL					Registration Number, if PAC		
Street Address 51 COLLEGE PL		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City WESTERVILLE	State O H	Zip Code 43081	M 0	D 2	Y 2	Amount 100.00	
Full Name of Contributor SANDRA DOYLE-AHERN					Registration Number, if PAC		
Street Address 2511 KELTONHURST CT		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City BLACKLICK	State O H	Zip Code 43004	M 0	D 2	Y 2	Amount 100.00	
Full Name of Contributor GREGORY COMFORT					Registration Number, if PAC		
Street Address 2275 ONANDAGA DR		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43221	M 0	D 2	Y 2	Amount 100.00	
Full Name of Contributor DANIEL BIRU					Registration Number, if PAC		
Street Address 1239 CANTERHURST ST		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City BLACKLICK	State O H	Zip Code 43004	M 0	D 2	Y 2	Amount 100.00	
Full Name of Contributor RICHARD CUMMINGS					Registration Number, if PAC		
Street Address 5583 VILLA GATES 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	

* 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)