

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full HILLIARD AREA REPUBLICAN CLUB POLITICAL ACTION COMMITTEE							
Full Name of Contributor Michael and Darlene Cope						Registration Number, if PAC	
Street Address 4549 Dirham Lane			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Hilliard	State O	H H	Zip Code 43026	M 1	D 0	Y 1 2 0 9	Amount 25.00
Full Name of Contributor Gerald and Judy Edwards						Registration Number, if PAC	
Street Address 1680 Andover Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State O	H H	Zip Code 43212	M 1	D 0	Y 1 2 0 9	Amount 25.00
Full Name of Contributor Albert and Maureen Iouse						Registration Number, if PAC	
Street Address 5793 Walterway Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Hilliard	State O	H H	Zip Code 43026	M 1	D 0	Y 1 2 0 9	Amount 25.00
Full Name of Contributor Steven and Christine Mazer						Registration Number, if PAC	
Street Address 3362 Harbbor Bay Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State O	H H	Zip Code 43221	M 1	D 0	Y 1 2 0 9	Amount 25.00
Full Name of Contributor Hilliard Area Republican Club						Registration Number, if PAC	
Street Address 4369 Shire Creek Ct.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Hilliard	State O	H H	Zip Code 43026	M 1	D 0	Y 1 3 0 9	Amount 2,100.00
Full Name of Contributor Committee to Elect Don Schonhardt						Registration Number, if PAC	
Street Address 5307 Franklin St.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Hilliard	State O	H H	Zip Code 43026	M 1	D 0	Y 1 3 0 9	Amount 2,010.00
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	H	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	H	Zip Code	M	D	Y	Amount

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, 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 \$ **4,710.00**