

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 SCOTT E. CLUBBS					Registration Number, if PAC		
Street Address 3740 DARBY KNOLLS BLVD		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O H	Zip Code 43026	M 0	D 2	Y 2	Amount 125.00	
Full Name of Contributor BROOKS VOGEL					Registration Number, if PAC		
Street Address 1237 SANCTUARY PL		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City GAHANNA	State O H	Zip Code 43230	M 0	D 2	Y 2	Amount 125.00	
Full Name of Contributor JOSHEPH M. SMILEY					Registration Number, if PAC		
Street Address 8084 WINTER HILL CT.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City WESTERVILLE	State O H	Zip Code 43081	M 0	D 2	Y 2	Amount 250.00	
Full Name of Contributor TIMOTHY A VANECHO					Registration Number, if PAC		
Street Address 6191 HERITAGE LAKES DR		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O H	Zip Code 43026	M 0	D 2	Y 1	Amount 125.00	
Full Name of Contributor DON ERIC DEHAYS					Registration Number, if PAC		
Street Address 4828 BIXBY RIDGE DR. E		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City GROVEPORT	State O H	Zip Code 43125	M 0	D 2	Y 2	Amount 150.00	
Full Name of Contributor RICK E. CATTRAN					Registration Number, if PAC		
Street Address 6443 COONPATH RD		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City CARROLL	State O H	Zip Code 43112	M 0	D 2	Y 1	Amount 150.00	
Full Name of Contributor J. WESLEY HALL					Registration Number, if PAC		
Street Address 2235 ORANGE LAKE DRIVE		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City LEWIS CENTER	State O H	Zip Code 43035	M 0	D 2	Y 2	Amount 250.00	
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 2	Amount 150.00	

* 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 \$ 1,325.00