31-A
R.C. 3517.10

Page 9

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							**Registration Number, if PAC**	
JAMES L BENDER								
Street Address	**Employer/Occupation/Labor Organization**						**Form (Cash, Check, etc.)**	
1743 ASHLAND AVE							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
COLUMBUS	OH	43212	02	11	15		125.00	
Full Name of Contributor							**Registration Number, if PAC**	
JACK E DOWNS								
Street Address	**Employer/Occupation/Labor Organization**						**Form (Cash, Check, etc.)**	
3095 PARKSIDE RD							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
COLUMBUS	OH	43204	02	11	15		125.00	
Full Name of Contributor							**Registration Number, if PAC**	
JOEL D RHOADES								
Street Address	**Employer/Occupation/Labor Organization**						**Form (Cash, Check, etc.)**	
5975 SOUTH SECTION LINE RD							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
DELAWARE	OH	43015	02	10	15		125.00	
Full Name of Contributor							**Registration Number, if PAC**	
DOUGLAS FRAZIER								
Street Address	**Employer/Occupation/Labor Organization**						**Form (Cash, Check, etc.)**	
566 LAKE KNOLL CT							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
GAHANNA	OH	43230	02	07	15		125.00	
Full Name of Contributor							**Registration Number, if PAC**	
CHARLES D HILL JR								
Street Address	**Employer/Occupation/Labor Organization**						**Form (Cash, Check, etc.)**	
800 ALDENGATE DR							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
GALLOWAY	OH	43119	02	04	15		500.00	
Full Name of Contributor							**Registration Number, if PAC**	
DAVID W HELM								
Street Address	**Employer/Occupation/Labor Organization**						**Form (Cash, Check, etc.)**	
9730 SOUTHERN BELLE CT							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
DAYTON	OH	45458	02	09	15		125.00	
Full Name of Contributor							**Registration Number, if PAC**	
DEBORAH C EDSALL								
Street Address	**Employer/Occupation/Labor Organization**						**Form (Cash, Check, etc.)**	
754 NEIL AVE							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
COLUMBUS	OH	43215	02	07	15		125.00	
Full Name of Contributor							**Registration Number, if PAC**	
RICHARD W IRELAN								
Street Address	**Employer/Occupation/Labor Organization**						**Form (Cash, Check, etc.)**	
10555 STONEHAM DR							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
POWELL	OH	43065	02	03	15		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 $ 1,375.00