

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 JOE SMILEY					Registration Number, if PAC		
Street Address 8084 WINTER HILL CT		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CASH		
City WESTERVILLE	State O H	Zip Code 43081	M 0	D 2	Y 2	Amount 300.00	
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	Amount 125.00	
Full Name of Contributor JAMES R WEAVER					Registration Number, if PAC		
Street Address 9605 BASIL RD PO BOX 102		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City BALTIMORE	State O H	Zip Code 43105	M 0	D 2	Y 2	Amount 125.00	
Full Name of Contributor MICHAEL KELLEY					Registration Number, if PAC		
Street Address 250 E. BROAD ST, SUITE 1100		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43215	M 0	D 2	Y 2	Amount 125.00	
Full Name of Contributor DAVID S STENTZ					Registration Number, if PAC		
Street Address 2249 SHERINGHAM		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43220	M 0	D 2	Y 2	Amount 150.00	
Full Name of Contributor GREGORY BACHMAN					Registration Number, if PAC		
Street Address 12281 MALLARD POND CT		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City PICKERINGTON	State O H	Zip Code 43147	M 0	D 2	Y 2	Amount 125.00	
Full Name of Contributor JAY MUETHER					Registration Number, if PAC		
Street Address 3434 HERITAGE OAKS DRIVE		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 DOUGLAS FRAZIER					Registration Number, if PAC		
Street Address 566 LAKE KNOLL CT		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City GAHANNA	State O H	Zip Code 43230	M 0	D 3	Y 0	Amount 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 \$ 1,200.00