| 1 |
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| Page |

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 | | | | |
| KENNETH R. CAMPBELL TTEE | | | , we also | | 1001, 211 | | | |
| Street Address | Employer/Occur | pation/Labor Organization | <u> </u> | | | Form (Cash, Che- | ck. etc.) | |
| 4564 MORRIS CT | The state of the s | | | | | CHECK | | |
| City | State | Zip Code | М | D | Y | Amount | ··········· | |
| MASON | $O \mid H$ | 45040 | 0 2 | 0 1 | 1 8 | | 200.00 | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | | |
| M-E COMPANIES INC. PAC - MIKE M | MPANIES INC. PAC - MIKE MCVAY | | | 000378752 | | | | |
| Street Address | Employer/Occu | | | | Form (Cash, Che | ck, etc.) | | |
| 635 BROOKSEDGE BLVD | | | | | CHECK | | | |
| City | State | Zip Code | M | Ď | Y | Amount | | |
| WESTERVILLE | OH | 43081 | 0 1 | 2.9 | | | 125.00 | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | | |
| BRICKER & ECKLER LLP STATE PAC | | | | OH 821 | | | | |
| Street Address | Employer/Occu | pation/Labor Organization | | | | Form (Cash, Che | ck, etc.) | |
| 100 S. THIRD ST | | Ta' a 1 | | | | CHECK | | |
| City | State | Zip Code | M | D | Y | Amount | 0 mm - 0 0 | |
| COLUMBUS | O H | 43215 | 0 2 | | 1 8 | | 375.00 | |
| Full Name of Contributor | | | 1 " | | iber, if PA | AC. | | |
| MOVING FORWARD PAC eet Address Employer/Occupation/Labor Organization | | | OH 1494 Form (Cash, Check, etc.) | | | | | |
| | Employer/Occu | | | | | ca, cic., | | |
| 10133 COVAN DR City | State | Zip Code | M | D | ΙΥ | CHECK Amount | | |
| | OH | 43082 | 0 1 | ŀ | 1 8 | 2 | 125.00 | |
| WESTERVILLE Full Name of Contributor | 0 11 | 43062 | | | | \C | 125.00 | |
| Full Name of Contributor Registration Number, if PAC MSCPAC | | | | | | | | |
| Street Address | Employer/Occu | | | | Form (Cash, Che | ck, etc.) | | |
| P.O. BOX 594 | - | | | | CHECK | | | |
| City | State | Zip Code | M | D | Y | Amount | | |
| YOUNGSTOWN | OH | 44501 | 0 1 | 2:9 | 1 8 | • | 125.00 | |
| Full Name of Contributor | | | Registra | | ber, if P | NC . | | |
| DREW BERLIN | | | | | | | | |
| Street Address | Employer/Occu | | | | Form (Cash, Che | ck, etc.) | | |
| 79 S. STATE ST. STE C | ĺ | | | | CHECK | | | |
| City | State | Zip Code | М | D | Y | Amount | _ | |
| WESTERVILLE | O H | 43081 | 0 1 | 3 0 | 1 8 | | 125.00 | |
| Full Name of Contributor | , , , , , , , | | Registra | ation Nun | iber, if P | AC | | |
| SMITH & HALE LLC - GLEN DUGGE | | | | | | /o 1 of | | |
| Street Address | Employer/Occu | | | | Form (Cash, Che | ck, etc.) | | |
| 37 WEST BROAD ST | | Tai a i | T 34 | T 5 | 1 10 | CHECK | _ | |
| City | State | Zip Code | M | D | Y | Amount | 105.00 | |
| COLUMBUS | O H | 43215 | 0 1 | 3 1 | 1 8 | | 125.00 | |
| Full Name of Contributor Registration Number, if PAC | | | | | | | | |
| GDP GROUP - ELAINE FLYNN Street Address | Employer/Occu | pation/Labor Organization | | | | Form (Cash, Che | ck. etc.) | |
| | | | | | | CHECK | | |
| 520 S. MAIN ST. STE 2531 | State Zip Code N | | | D | Y | Amount | | |
| AKRON | OH | 44311 | 0 1 | 2 9 | 1 8 | · | 125.00 | |
| AKKON | 1 | | | | | rangbould be liste | | |

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