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Statement of Contributions Received

	Frescribed by Sec	retary of State Stat						
Name of Committee in Full			-					
Committee to Elect Donald Schonh	ardt							
Full Name of Contributor		Registration Number, if PAC						
DANTE CASTRONOVA						F/C		
Street Address	Employer/Occup	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
93 LAKE WOBEGON DR		Ta:		l n	Υı	CHECK		
City	State	Zip Code	M	D 7	1 1	Amoun	100.00	
CANFILED Full Name of Contributor	OH	44406		2 7		\ <u></u>	100.00	
			1/eg La	eton 142	ioci, n i r	••		
JASON CHERONIS Street Address	Employer/Occur	ation/Labor Organization				Form (Cash, Cl	ieck, etc.)	
11526 BASSWOOD AVE	Suprey si, s s s s p	Employ cit occupanion cases of garagement				CHECK		
City	State	Zip Code	M	D	Y	Amount	`	
UNIONTOWN	ОН	44685	0 1	217	1 4		100.00	
Full Name of Contributor				tion Nur		AC.		
IOE CIUNI								
Street Address	Employer/Occup	ation/Labor Organization	-		-	Form (Cash, C)	neck, etc.)	
23549 STANDFORD RD						CHECK	<u> </u>	
City	State	Zip Code	Mi	D	Y	Amount		
SHAKER HEIGHTS	O i H	44122	0.1		1 4		100.00	
Full Name of Contributor	· -	- -	Registra	ition Num	iber, if PA	AC		
BRADLEY CRAMER						10 L 0		
Street Address	Emptoyer/Occur	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)			
1571 CARRIAGE HOUSE DR		la: a 1		I D	l Yı	CHECK Amount		
City	State	Zip Code	M	1 -	1 1	Adilotati	100.00	
SUFFIELD Full Name of Contributor	OH	44260	0 1	2 7		1	100.00	
	MICCER		1,06,00	1010111401	1001, 111			
SMITH & HALE LLC - GLEN A. D. Street Address		oation/Labor Organization	_ 			Form (Cash, Cl	heck, etc.)	
37 W. BROAD ST	2p. 0, 0., 0 0 1 - F					CHECK	(
City	State	Zip Code	M	D	Yį	Amount		
COLUMBUS	OIH	43215	0 1	2 4	1 4		200.00	
Full Name of Contributor	<u> </u>	10.12.0		ation Nun		AC		
MOVING FORWARD PAC			OI-	11494				
Street Address	Employer/Occup	Employer/Occupation/Labor Organization				Form (Cash, C	heck, etc.)	
10133 COVAN DR						CHECK	<	
City	State	Zip Code	M ₁	D	Yį	Amount		
WESTERVILLE	OH	43082		2:7			100.00	
Full Name of Contributor	-		Registr	ation Nun	nber, if P	AC		
NORMAN E. MURPHY JR			<u> </u>			F. 10.2 C	5 lo d - V	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
6851 HEVERLO RD		In a t	L M	I n	T Yi	CHECI Amount		
City	State	Zip Code	Mi	D		Associa	100.00	
SUNBURY	O H	43074	0 2	1 4 ation Nur		AC	100.00	
Full Name of Contributor			1.cg ra	asion i vill		.,.		
TIMOTHY FOLEY Street Address	Employer/Occur	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
	Emproy arrayout		CHECK					
635 BROOKEDGE BLVD	State	Zip Code	M	D	Y	Amount		
WESTERVILLE	OIH	43081	0 2	1 .	$\begin{bmatrix} 1 \\ 1 \end{bmatrix}_4$		100.00	
* Required for contributions over \$100 to statewide and generation		contributor is self-employed				yer should be li		
If two or more employees contribute via payroll deduction an	d exceed the aggregate of	f \$100, the labor organization	of which th	e employ	ees are n	nembers, if any, i	nust	

appear. R.C. 3517.10(B)(4)

Page Total \$ 900.00