

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full O'Shaughnessy Committee							
Full Name of Contributor Transfer from 31-E Shamrock Club					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
	:		0	4	2	4	10,585.00
Full Name of Contributor Douglas G. Motz					Registration Number, if PAC		
Street Address 668 Oakwood Ave.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43205	M	D	Y	Amount 50.00	
	:		0	5	3	1	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
	:						
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
	:						
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
	:						
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
	:						
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
	:						

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, 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 \$ 10,635.00