31-A					
R.	C.	351	7.	10	

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
O'Shaughnessy Committee			la .		1 100	
Full Name of Contributor			Registra	tion Num	ber, if PA	C
Seth Josolowitz	TF 10	7.1.0				E (0.1.0L.1)
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
1480 Dublin Road	 	12: 0.1	1.4	-	1 17	PayPal
City	State H	Zip Code	M	D	Y	Amount
Columbus	<u> О</u> Н	43215	0 9			2.00
Full Name of Contributor			Registra	tion Num	ber, if PA	ı.
Jane M O'Shaughnessy	F 1 /O	pation/Labor Organization*			_	Form (Cash, Check, etc.)
Street Address	Employer/Occu	pation/Labor Organization*				
256 Piedmont Rd	State	Zip Code	М		Y	PayPal Amount
Columbia	1	L ·	l l	D 7	1	5.00
Columbus Full Name of Contributor	ОН	43214	0 9		17	
			Registia	tion ivusii	ibei, ii r A	i.c
Chris Haydocy Street Address	Templayar/Osay	pation/Labor Organization*				Form (Cash, Check, etc.)
	Employer/Occu	pation/Labor Organization				PayPal
223 Wilbur Ave	State	Zip Code	М	D	Y	Amount
5 •	OH	1 -	0 9	1	1 7	100.00
Columbus Full Name of Contributor	10 11	43213			ber, if PA	
David Brehm			Registra	tion rum	DC1, 11 1 7 1	
Street Address	Employer/Occu	pation/Labor Organization*	_L			Form (Cash, Check, etc.)
6704 Amur Drive	Employer	pation Eddor Organization				PavPal
City	State	Zip Code	Тм	D	Υ	Amount
Columbus	ОН		0 9		1 7	100.00
Full Name of Contributor		40200			ber, if PA	
Tun Auto of Commons						
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
		,				
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor	<u> </u>		Registra	tion Num	ber, if PA	C
			- 1			
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor			Registra	tion Num	ber, if PA	C
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor			Registra	tion Num	iber, if PA	NC .
Street Address	Employer/Occi	ipation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount

Page Total	S	207.00
rage rotar	<i>*</i> —	207.00

^{*} 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)]