

FOR PAPER FILING ONLY

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Judge O'Donnell									
Full Name of Contributor Colleen T. O'Donnell							Registration Number, if PAC		
Street Address 345 South High St.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus		State OH		Zip Code 43215		M 1		D 2	
						Y 8		Amount \$100.00	
Full Name of Contributor Amount from 31E Statement of contributions from 1/29/2014 fund raiser							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M 0		D 1	
						Y 2		Amount \$19,535.00	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M 0		D 1	
						Y 2		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M 0		D 1	
						Y 2		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M 0		D 1	
						Y 2		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M 0		D 1	
						Y 2		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M 0		D 1	
						Y 2		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M 0		D 1	
						Y 2		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M 0		D 1	
						Y 2		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 also appear. [R.C. 3517.10(B)(4)]

Page Total \$19,635.00