31	-A	
R.C.	351	7.10

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Page	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						15		
O'Shaughnessy Committee						11		
Il Name of Contributor				Registration Number, if PAC				
Transfer from 31-E Tony's						12		
Street Address	Employer/Occu			-	Form (Clasi	n, Check, etc.)		
City	State	Zip Code	M	D	Y	Amound 1		
			1 1	1 :	1 :		11,650.00	
Full Name of Contributor		- 	Registr	ation Nu	mber, if i	PAC	11,000.00	
Taft, Stettinius & Hollister Better Government Fund			OF	11146		li		
Street Address	Employer/Occu	pation/Labor Organization*				Form (Casi	n, Check, etc.)	
425 Walnut Street						check	•	
City	State	Zip Code	М	D	Y	Amount i	<u> </u>	
Cincinnati	OIH	45202	013	0 4	1 3		300.00	
Full Name of Contributor				_	mber, if F	AC 1		
Daniel D. Emch						- 11		
Street Address	Employer/Occu	pation/Labor Organization*		-	_	Form (Cast	n, Check, etc.)	
71 N. Merkle Rd.					check			
City	State	Zip Code	М	D	Υ	Amound •	<u>`</u>	
Columbus	OIH	43209	013	1 9	1 3]][100.00	
Full Name of Contributor					mber, if f	AC 1	100.00	
Roetzel & Andress								
Street Address	Employer/Occu	pation/Labor Organization*			-	Form (Cash	, Check, etc.)	
155 East Broad Street						check		
City	State	Zip Code	М	D	Y	Amount #	<u> </u>	
Columbus	о і н	43215	014	0 : 9	1 3		250.00	
Full Name of Contributor		<u> </u>		1	mber, if P	AC 11	250.00	
			1][
Street Address	Employer/Occupation/Labor Organization*					Form (Cast	, Check, etc.)	
						11		
City	State	Zip Code	М	D	Y	Amount §		
	<u> </u>			1 1				
Full Name of Contributor	•		Registra	ation Nur	nber, if P	AC 1		
						11		
Street Address	Address Employer/Occupation/Labor Organization					Form (Charle	, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor			Registra	ation Nur	nber, if P	AC		
			i					
Street Address	Employer/Occu	pation/Labor Organization*	-			Form (Cash	, Check, etc.)	
City	State	Zip Code	М	D	Ϋ́	Amount 1		
				;	i	11		
Full Name of Contributor			Registra	ation Nur	nber, if P	AC 1		
			l			11		
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash	, Check, etc.)	
						11		
City	State	Zip Code	М	Đ	Y	Amount		
		<u> </u>				3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
quired for contributions from individuals over \$100 to sta	atewide and general assen	nbly candidates. If contributo	r is self-e	mployed	, the occ	upation and	the name of the	

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 \$13, 12,300.00