

Statement of Contributions Received

Prescribed by Secretary of State 3/05

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|--|-------------|---|---------|---------|---|--------------------|--|
| Name of Committee in Full Friends of O'Connor | | | | | | | |
| Full Name of Contributor Jacob Manser | | | | | Registration Number, if PAC | | |
| Street Address 95 S Monroe Ave | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State OH | Zip Code 43205-1082 | M 01 | D 07 | Y 16 | Amount \$100.00 | |
| Full Name of Contributor Michael Martz | | | | | Registration Number, if PAC | | |
| Street Address 2251 Abington Rd | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Credit Card | | |
| City Upper Arlington | State OH | Zip Code 43221-3113 | M 12 | D 10 | Y 15 | Amount \$100.00 | |
| Full Name of Contributor Mark Matson | | | | | Registration Number, if PAC | | |
| Street Address 104 Saint Andre St | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | |
| City Worthington | State OH | Zip Code 43085-2239 | M 09 | D 27 | Y 15 | Amount \$50.00 | |
| Full Name of Contributor Rory McGuiness | | | | | Registration Number, if PAC | | |
| Street Address 1239 Lake Shore Dr Unit B | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Credit Card | | |
| City Columbus | State OH | Zip Code 43204-3638 | M 12 | D 15 | Y 15 | Amount \$100.00 | |
| Full Name of Contributor Mary McKenzie | | | | | Registration Number, if PAC | | |
| Street Address 6971 Shorehill Ln | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State OH | Zip Code 43235-2033 | M 09 | D 29 | Y 15 | Amount \$50.00 | |
| Full Name of Contributor Shekeba Morrad | | | | | Registration Number, if PAC | | |
| Street Address 689 N Clinton St Apt 211 | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | |
| City Syracuse | State NY | Zip Code 13204-1584 | M 07 | D 01 | Y 15 | Amount \$20.00 | |
| Full Name of Contributor Edward Mullaney | | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Credit Card | | |
| City Providence | State | Zip Code | M 11 | D 30 | Y 15 | Amount \$100.00 | |
| Full Name of Contributor Gen Murphy | | | | | Registration Number, if PAC | | |
| Street Address 733 W Market St Apt 410 | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Credit Card | | |
| City Akron | State OH | Zip Code 44303-1040 | M 01 | D 29 | Y 16 | Amount \$40.00 | |

* 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)]