

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Maryellen O'Shaughnessy Committee							
Full Name of Contributor Kegler, Brown, Hill & Ritter				Registration Number, if PAC PAC CP648			
Street Address 65 E. State Street Suite 1800		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 2 7	Y 0 8	Amount 1,000.00	
Full Name of Contributor National City Corporation				Registration Number, if PAC PAC Ohio CP256			
Street Address 1900 East Ninth Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Cleveland	State O H	Zip Code 44114	M 1 0	D 3 0	Y 0 8	Amount 1,000.00	
Full Name of Contributor United Food and Commercial Workers				Registration Number, if PAC			
Street Address 1775 K Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Washington	State D C	Zip Code 20006	M 1 0	D 3 0	Y 0 8	Amount 500.00	
Full Name of Contributor Amanda Sabol				Registration Number, if PAC			
Street Address 2371 Waterpoint Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43209	M 1 0	D 3 0	Y 0 8	Amount 50.00	
Full Name of Contributor Teamsters Local Union No. 413				Registration Number, if PAC			
Street Address 555 East Rich Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 3 1	Y 0 8	Amount 1,000.00	
Full Name of Contributor Political Action Patterns				Registration Number, if PAC			
Street Address 3515 Prospect Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Cleveland	State O H	Zip Code 44115	M 1 1	D 1 4	Y 0 8	Amount 500.00	
Full Name of Contributor Design Group Political Action Committee				Registration Number, if PAC CP859			
Street Address 515 E. Main Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 1 1	D 1 4	Y 0 8	Amount 250.00	
Full Name of Contributor Squire Sanders & Dempsey LLP PAC				Registration Number, if PAC C00444935			
Street Address 1201 Pennsylvania Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Washington	State D C	Zip Code 20004	M 1 1	D 1 4	Y 0 8	Amount 500.00	

* 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)]

Page Total \$ 4,800.00