	4	
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Statement of Contributions Received

Prescribed by Secretary of State 3/05

			-							
Name	of Committee in Full									
Maryellen O'Shaughnessy Committee					1n	17 200				
ruli Name of Contributor					Registra	Registration Number, if PAC				
	M.S. Kornacker							VE (O5- 0)	analy at a	
Street	Address	Employe	r/Occup	ation/Labor Organization*				Form (Cash, C	neck, etc.)	
	PO Box 218207				1 1.			check		
City		Sta		Zip Code	M	D	Y	Amount	250.00	
	Columbus	О	Н	43221	0 8	2 7	0 8		250.00	
Full Name of Contributor						Registration Number, if PAC				
Baker & Hostetler LLP Street Address Employer/Occupation/Labor Organization*						OH 125				
Street	Address	Employe				Form (Cash, Check, etc.)				
	3200 National City Center					r		check		
City		1	ate	Zip Code	M	D	Y	Amount	1 000 00	
	Cleveland	0	H	44114	0 8	2 8	and the second second second second		1,000.00	
Full Name of Contributor					Registration Number, if PAC					
	Chester, Wilcox & Saxbe					OH 843				
Street	Address	Employe	er/Occup	oation/Labor Organization*				Form (Cash, C	neck, etc.)	
	65 East State Street Ste. 100			1		· -	T	check		
City		1 _	ate	Zip Code	M	D	Y	Amount	1 000 00	
	Columbus		Н	43215	0 9	0 3			1,000.00	
Full N	ame of Contributor				Registra	ation Nu	mber, if I	PAC		
	John P. Condo					***************************************				
Stree	t Address	Employ	er/Occu _l	oation/Labor Organization*				Form (Cash, C	theck, etc.)	
	1358 Bosworth Ct.					·		check		
City		St	ate	Zip Code	М	D	Y	Amount	40.00	
	Columbus	0	H	43229	0 9	0 3	- Language of the language of		10.00	
Full N	ame of Contributor				Registr	ation Nu	mber, if	PAC		
Sharon R. Austin										
Stree	t Address	Employ	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
	2130 Iuka Ave.					T		check		
City		Į.	ate	Zip Code	M	D	Y	Amount	E0.00	
	Columbus	0	H	43201	0 9	- Annual Contraction	CONTRACTOR OF THE PROPERTY OF	<u></u>	50.00	
Full N	ame of Contributor				Registr	ation Nu	mber, if	PAC		
	Andrew Dunn						entern Deregan and State	1 - /0 1	2) /	
Stree	t Address	Employer/Occupation/Labor Organization*						Form (Cash, (Check, etc.)	
	266 Preston Rd.							check		
City		St	ate	Zip Code	M	D	Y	Amount	050.00	
	Columbus	0	H	43209	0 9				250.00	
Full N	ame of Contributor				Registr	ation Nu	ımber, if	PAC		
	Anne K. Jeffrey									
Stree	t Address	Employer/Occupation/Labor Organization*						Form (Cash,	Check, etc.)	
	296 Ashbourne Pl.							check		
City		Si	tate	Zip Code	М	D	Y	Amount	****	
	Columbus	0	H	43209	0 9			THE RESERVE OF THE PARTY OF THE	250.00	
Full Name of Contributor Registration Number, if PAC										
	Donald B. Leach Jr.								****	
Stree	et Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
	191 W. Nationwide Blvd. Suite 300				.,			check		
City		S	tate	Zip Code	М	D	Y	Amount		
NAME OF TAXABLE PARTY.	Columbus	0	H	43215	0 9	1 0	0 8		250.00	

Page Total \$ 3,060.00

^{*} 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)]