

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Maryellen O'Shaughnessy Committee									
Full Name of Contributor M.S. Kornacker						Registration Number, if PAC			
Street Address PO Box 218207			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43221	M 0 8	D 2 7	Y 0 8	Amount 250.00			
Full Name of Contributor Baker & Hostetler LLP						Registration Number, if PAC OH 125			
Street Address 3200 National City Center			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Cleveland	State O H	Zip Code 44114	M 0 8	D 2 8	Y 0 8	Amount 1,000.00			
Full Name of Contributor Chester, Wilcox & Saxbe						Registration Number, if PAC OH 843			
Street Address 65 East State Street Ste. 100			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 0 9	D 0 3	Y 0 8	Amount 1,000.00			
Full Name of Contributor John P. Condo						Registration Number, if PAC			
Street Address 1358 Bosworth Ct.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43229	M 0 9	D 0 3	Y 0 8	Amount 10.00			
Full Name of Contributor Sharon R. Austin						Registration Number, if PAC			
Street Address 2130 Iuka Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43201	M 0 9	D 0 3	Y 0 8	Amount 50.00			
Full Name of Contributor Andrew Dunn						Registration Number, if PAC			
Street Address 266 Preston Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43209	M 0 9	D 1 0	Y 0 8	Amount 250.00			
Full Name of Contributor Anne K. Jeffrey						Registration Number, if PAC			
Street Address 296 Ashbourne Pl.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43209	M 0 9	D 1 0	Y 0 8	Amount 250.00			
Full Name of Contributor Donald B. Leach Jr.						Registration Number, if PAC			
Street Address 191 W. Nationwide Blvd. Suite 300			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 0 9	D 1 0	Y 0 8	Amount 250.00			

* 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 \$ 3,060.00