

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Maryellen O'Shaughnessy Committee									
Full Name of Contributor Jolene M. Molitoris						Registration Number, if PAC			
Street Address 7012 Ballantrae Loop			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Dublin	State O H	Zip Code 43016	M 1 0	D 0 2	Y 0 8	Amount 200.00			
Full Name of Contributor Carpenter's Local Union #200						Registration Number, if PAC #10288			
Street Address 1545 Alum Creek Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43209	M 1 0	D 0 2	Y 0 8	Amount 500.00			
Full Name of Contributor Teachers for Better Schools						Registration Number, if PAC			
Street Address 929 E. Broad St,			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43205	M 1 0	D 0 2	Y 0 8	Amount 1,000.00			
Full Name of Contributor Transfer from 31-E; Surly Girl Saloon						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M 1 0	D 0 7	Y 0 8	Amount 1,763.00			
Full Name of Contributor Richawn C. Moncrease						Registration Number, if PAC			
Street Address 347 Schrock RD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Worthington	State O H	Zip Code 43085	M 1 0	D 1 4	Y 0 8	Amount 50.00			
Full Name of Contributor Friends for Ginther						Registration Number, if PAC			
Street Address 1480 Dublin Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 1 4	Y 0 8	Amount 1,000.00			
Full Name of Contributor Nationwide Better Citizenship Fund						Registration Number, if PAC OH 259			
Street Address One Nationwide Plaza			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 1 4	Y 0 8	Amount 500.00			
Full Name of Contributor William Riat						Registration Number, if PAC			
Street Address 19 Session Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Bexley	State O H	Zip Code 43209	M 1 0	D 1 5	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 \$ 5,263.00