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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						-		
O'Shaughnessy Committee Full Name of Contributor				Danietro	tion Num	har if DA	С.	
				Registration Number, if PAC				
IBEW-COPE Street Address	Employa	r/Oscure	ation/Labor Organization*				Form (Cash, C	Theck etc.)
	Employe	г <i>г</i> Оссир.	anon/Lacor Organization				check	incer, etc.)
900 Seventh Street, NW	- CA		7:- C-1-	М	D	Ιγ	Amount	
	Sta	C	Zip Code 20001		$\begin{vmatrix} 1 \\ 1 \end{vmatrix} 1$	1111	Спили	1,000.00
Washington Full Name of Contributor	D		20001			ber, if PA	C	1,000.00
				Kegisira	iion runi	iber, it i i	·C	
Mark Corna Street Address	Employa	e/Oagun	ation/Labor Organization#				Form (Cash, C	Theck etc.)
	Employer/Occupation/Labor Organization*						check	
10153 Chelton Wood City	Sta	nta .	Zip Code	Тм	D	ΤΥ	Amount	
	0	Н	43065	017	$\begin{vmatrix} 1 \\ 1 \end{vmatrix} 1$	1111	, imouni	250.00
Powell Full Name of Contributor	10	- 1 1	43003			JIII ber, if PA	C	230.00
United Steelworkers				Kegistiu				
Street Address	Employe	r/Occur	ation/Labor Organization*				Form (Cash. (Theck etc.)
777 Dearborn Park Lane, Suite J	Employe	поссар	ation/Eabor Organization				Form (Cash, Check, etc.) check	
City	Sta	nte	Zip Code	Тм	D	ΙΥ	Amount	
Columbus	0	Н	43085	018			2 tilloum	1,000.00
Full Name of Contributor	10	- 11	43003			ber, if PA		1,000.00
				Kegistia	UOU INUII	ioci, ii i i		
William Habig Street Address	Employe	r!Occup	ation/Labor Organization*				Form (Cash, C	Check etc.)
l .	Employe	<i>п</i> оссир	atton/Laoot Organization				check	elicon, cic.)
3708 Racoon Valley Rd.	5+	ate	Zip Code	М	T D	Y	Amount	
Granville		H	43023	$\begin{vmatrix} 1 \\ 1 \end{vmatrix} 0$	I .	1 .	, mount	100.00
Fuli Name of Contributor	10		43023			ber, if PA	·C	100.00
Tail Marie of Continued				Registre				
Street Address	Employe	г/Оссир	ation/Labor Organization*				Form (Cash,	Check, etc.)
,		.,	and bases organization					. ,
City	St	ate	Zip Code		D	Y	Amount	
			S.p. 50.50	1	Lι	1 1		
Full Name of Contributor	<u> </u>			Registra	ition Nun	ber, if PA	رC.	
				,		,		
Street Address	Employe	r/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
							` .	
City	St	ate	Zip Code	М	D	Y	Amount	
			,	1 1	1			
Full Name of Contributor				Registra	tion Nun	iber, if PA	VC	
						,		
Street Address	Employe	r/Occup	ation/Labor Organization*				Form (Cash,	Check, etc.)
	Employer/Occupation/Labor Organization*						` ′	, ,
City	St	ate	Zip Code	М	D	Y	Amount	
o.,,		i		"				
Full Name of Contributor		_		Registra	ation Nun	nber, if PA	\C	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash,	Check, etc.)		
							(, , , ,	
City	St	ate	Zip Code	М	D	Y	Amount	
		1		1				
		ı				1 '		

Page Total \$ 2,350.00

^{*} 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)]