

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Maryellen O'Shaughnessy Committee							
Full Name of Contributor Elizabeth Lessner				Registration Number, if PAC			
Street Address 2653 Glen Echo Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2 9 0 8	200.00
City Columbus	State O H	Zip Code 43202		Form(Cash,Check,etc) check			
Full Name of Contributor William H. Snowman				Registration Number, if PAC			
Street Address 3328 Colchester Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2 9 0 8	250.00
City Upper Arlington	State O H	Zip Code 43221		Form(Cash,Check,etc) check			
Full Name of Contributor Karla Rothan				Registration Number, if PAC			
Street Address 110 W. 1st. Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2 9 0 8	100.00
City Columbus	State O H	Zip Code 43201		Form(Cash,Check,etc) check			
Full Name of Contributor Carole DePaola				Registration Number, if PAC			
Street Address 4944 Buck Thorn Ln.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2 9 0 8	250.00
City Columbus	State O H	Zip Code 43220		Form(Cash,Check,etc) check			
Full Name of Contributor Jeffrey W. Edwards				Registration Number, if PAC			
Street Address 495 S. High Street 150		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2 9 0 8	75.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) check			
Full Name of Contributor Karen A. Bell				Registration Number, if PAC			
Street Address 66. E. Tompkins St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2 9 0 8	100.00
City Columbus	State O H	Zip Code 43202		Form(Cash,Check,etc) check			
Full Name of Contributor Marilyn Brown				Registration Number, if PAC			
Street Address 34 W. Poplar Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2 9 0 8	200.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) check			

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,175.00