

Prescribed by Secretary of State 3/05

Full Name of Committee			Registration Number, if PAC		
O'Shaughnessy Co	mm <u>ittee</u>				·
Full Name of Candidate					
Maryellen O'Shaug	ghnessy				
Street Address			Office Sought		District
256 Piedmont Rd.			Clerk o	Clerk of Courts	
City				State Zip Co	de
Columbus				O H 43	214
""我们的					Annual Year
Type of Report	Pre-Primary	Post-Primary	Pre-General	Post-General	2019
phorit is the left of legist.	July	August	September		Semiannual
type)	Monthly	Monthly	Monthly	Termination	X 2019
Amended Report?	Report Electro	nically filed?		M	D Y
☐ Yes ☐ No		Yes No	25:34 25:34	1 1 0	8 1 6
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For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

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THE INFORMATION CONTAINED IN THIS COMMITS ELECTION FALSIFICATION IS Jane M. O'Shaughnessy, To	GUILTY OF A FELONY OF	THE PENALTY OF ELECTION FALSIFICATION. V	7/2/2019
Print Name and Title (Treasurer and Deputy Treasurer		ature	Date
Contribution	Expenditure	Other	Total
pages	pages	pages	pages