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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			Registrat	tion Num	ber, if PA	C
Huntington Bancshares Inc						165589
Street Address	Employer/Occup	ation/Labor Organization*	1110	1 1 1 1 1	2 000	Form (Cash, Check, etc.)
41 South High Street	' ' '	· ·				check
City	State	Zip Code	М	D	Y	Amount
Columbus	ОН	43215	1 2	1 2	1 8	1,000.00
Full Name of Contributor		10210			ber, if PA	
Michael Scoliere			1			
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
5080 Tuttle Crossing Blvd	' ' '	· ·				paypal
City	State	Zip Code	М	D	Y	Amount
Dublin	ОН	43016	0 7	2 0	1 8	500.00
Full Name of Contributor		1 45010				
Full Name of Contributor Registration Number, if PAC						
Street Address	[Employer/Occup	ation/Labor Organization*			-	Form (Cash, Check, etc.)
						(,
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor	<u>.</u>	<u> </u>	Registrat	tion Num	ber, if PA	C .
Full Name of Contributor Registration Number, if PAC						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
	1	C				,
City	State	Zip Code	М	D	Y	Amount
					1 : 1	
Full Name of Contributor	!		Registra	tion Num	ber, if PA	С
treet Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.					Form (Cash, Check, etc.)	
		ū				
City	State	Zip Code	М	D	Y	Amount
		'				
Full Name of Contributor			Registra	tion Num	ber, if PA	С
I all value of Contributor						
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.					Form (Cash, Check, etc.)	
		-				
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor			Registra	tion Num	ber, if PA	С
Street Address	Employer/Occup	oation/Labor Organization*	-			Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
					:	
Full Name of Contributor Registration Number, if PAC						C
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
	1					
equired for contributions from individuals over \$100 to statewide and g	eneral assembly cand	idates. If contributor is self-emr	loved the c	ccupatio	n and the	name of the

* 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 \$	1,500.00