

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full O'Shaughnessy Committee							
Full Name of Contributor The Huntigton Bancshares Inc.				Registration Number, if PAC HBI-PAC C00165589			
Street Address 41 South High Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 0 8	D 1 4	Y 1 3	Amount 500.00	
Full Name of Contributor Plumbers and Pipefitters LU 189				Registration Number, if PAC PCE #6220			
Street Address 1250 Kinnear Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43212	M 0 8	D 0 7	Y 1 3	Amount 100.00	
Full Name of Contributor Taft, Stettinus & Hollister				Registration Number, if PAC #OH 1146			
Street Address 425 Walnut Street Suite 1800		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Cincinnati	State O H	Zip Code 45202	M 0 8	D 0 2	Y 1 3	Amount 250.00	
Full Name of Contributor CALFEE Fund for Good Government				Registration Number, if PAC			
Street Address 800 Superior Ave E. Suite 1400		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Cleveland	State O H	Zip Code 44114	M 0 7	D 2 9	Y 1 3	Amount 250.00	
Full Name of Contributor Maryann Kafer				Registration Number, if PAC			
Street Address 1135 Harrison Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43201	M 0 8	D 0 7	Y 1 3	Amount 100.00	
Full Name of Contributor Transfer from 31-E Barley's				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount 3,680.00	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

* 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 \$ 4,880.00