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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			Registration Number, if PAC				
Transfer from 31-E Seventh Son							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
			0.8	1 2	1 5	7,130.00	
Full Name of Contributor			Registra	ation Nur	ber, if P/	\C	
United Steelworkers							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
777 Dearborn Park Lane	1 PCE					check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43085	0 9	2 1	1 5	1,000.00	
Full Name of Contributor	Registration Number, if Pa			iber, if P/			
Columbus Franklin Co AFL-CIO PCE							
Street Address	Employer/Occup	ation/Labor Organization*	· ·			Form (Cash, Check, etc.)	
1545 Alum Creek Drive					check		
City	State	Zip Code	М	D	ΙΥ	Amount	
Columbus	OH	43209	0 9	2 1	1 5	100.00	
Full Name of Contributor		<u>,, , , , , , , , , , , , , , , , ,</u>			ber, if PA		
Ohio AFL-CIO			1				
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
395 East Broad Street				check			
City	State	Zip Code	M	D	ΙΥ	Amount	
Columbus	OH	43215	0.9	2 1	1 5	250.00	
Full Name of Contributor	1				iber, if PA		
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						
City	State	Zip Code	М	D	ŢŸ	Amount	
Full Name of Contributor			Registra	tion Num	ber, if PA	NC .	
Street Address Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount	
				1			
Full Name of Contributor	 		Registra	tion Num	ber, if PA	AC	
			`				
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
						, som (cases, co.,	
City	State	Zip Code	М	D	Y	Amount	
•			"		, ,		
Full Name of Contributor	<u> </u>	<u> </u>	Registra	I tion Num	ber, if PA	i.C	
Street Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
		•					
City	State	Zip Code	М	D	Y	Amount	
]	
	<u> </u>	1				•	

Page Total \$	8,480.00

^{*} 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)]