

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Maryellen O'Shaughnessy Committee					
Full Name Clear Channel Outdoor			Registration Number, if PAC		
Address 770 Harrison Dr.	Type* R E		M 0 6	D 1 6	Y 0 8
			Amount 290.00		
City Columbus	State O H	Zip Code 43204	Form(Cash,Check,etc) check		
Full Name IAFF			Registration Number, if PAC		
Address 379 W. Broad Street	Type* R E		M 0 6	D 3 0	Y 0 9
			Amount 90.00		
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) check		
Full Name Shamrock Club			Registration Number, if PAC		
Address 60 W. Castle	Type* R E		M 0 6	D 3 0	Y 0 9
			Amount 325.00		
City Columbus	State O H	Zip Code 43221	Form(Cash,Check,etc) check		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
			Amount		
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
			Amount		
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
			Amount		
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
			Amount		
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
			Amount		
City	State	Zip Code	Form(Cash,Check,etc)		

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 705.00