F D	00.70=700
Event Date	09/25/08
Page	2

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

		rescribed	by secre	etary of State 5/05		***************************************					
Name	of Committee in Full										
	Maryellen O'Shaughnessy Committee				-						
Full Na	-ull Name of Contributor						Registration Number, if PAC				
	Fraternal Order of Police										
Street	Address	Employer/Occupation/Labor Organization*			М	D	Y	Amount	maa aa		
	6800 Schrock Hill Ct.				0 9	2   5	0   8		500.00		
City		St	ate	Zip Code	1 '	sh,Chec					
	Columbus	0	H	43229	CONTRACTOR OF THE PARTY OF THE	check					
Full Na	ame of Contributor				Registra	ition Nur	nber, if P	PAC			
	Gayle Channing	Gavle Channing									
Street	Address	Employer/Occupation/Labor Organization*			М	D	Y	Amount			
	164 North Harding Rd.				0 9	2   5			100.00		
City		St	ate	Zip Code		ash,Chec					
	Columbus	0	H	43209		check					
Full Na	ame of Contributor	wale was a second			Registra	ation Nur	nber, if F	PAC			
	Jack Joseph										
Street	: Address	Employer/Occupation/Labor Organization*				D	Y	Amount			
	540 N. Samuel Dr.					2   5			500.00		
City		St	ate	Zip Code	Form(C	ash,Chec	k,etc)				
	Zanesville	0	H	43701		check	ξ				
Full Na	ame of Contributor				Registra	ation Nu	mber, if I	PAC			
	Rebecca X. Ruan										
Street	Address	Employ	er/Occu	pation/Labor Organization*	М	D	Y	Amount			
0	5225 Saint Helena St.	Employer scoapation zata a symmetry			0 9	2   5	0   8		50.00		
City	5225 Built Helefit St.	St	ate	Zip Code		ash,Chec					
Jones,	Columbus	0	H	43221		check	<				
Full Na	ame of Contributor			Registr	ation Nu	mber, if I	PAC				
l un ive	Angela L. Bosworth										
Street	t Address	Employer/Occupation/Labor Organization*			М	D	Y	Amount			
Jacon	845 N. High Street Unit 405	Employer, occupation, Euser organization			0 9	2   5	0   8		250.00		
City	040 IV. Ingit bucct Clut 100	S	tate	Zip Code		ash,Che					
City	Columbus	0	H	43215		check					
Eull M	ame of Contributor				Registr	ation Nu	mber, if	PAC			
T Call TV	Robert C. Carter										
Stroot	t Address	Employer/Occupation/Labor Organization*			М	D	ΙΥ	Amount			
Street	1620 E. Broad Street Ste. 1007				0 9	2   5	0 8		250.00		
City	1020 E. proad Street Ste. 1007	State Zip Code				Cash,Che					
City	Columbus		H	43203		checl					
C. II M	ame of Contributor		1.1	10200	Registr	ation Nu	SECULAR SHAPE OF THE PARTY OF T	PAC			
ruii N							,	•			
Carra	Franklin County Democratic Party  Street Address Employer/Occupation/Labor Organization*					D	Тү	Amount			
Stree		Employer/Occupation/Labor Organization			м   0   9				9,025.00		
	271 East State Street	Shaha Zin Code			0 9 2 5 0 8 9,025.00 Form(Cash,Check,etc)						
City	Calumbura	State Zip Code		43215	I omit	checl					
	Columbus	O_	H	40410		CHEC					

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

III the date column.		
Total contributions this event	Total expenditures this event	
		Page Total \$ 10,675.00
13,375.00	1,367.50	

<sup>\*</sup> 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)]