

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Maryellen O'Shaughnessy Committee					
Full Name of Contributor Fraternal Order of Police				Registration Number, if PAC	
Street Address 6800 Schrock Hill Ct.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State O	Zip Code 43229	Amount 500.00	Form(Cash,Check,etc) check	
Full Name of Contributor Gayle Channing				Registration Number, if PAC	
Street Address 164 North Harding Rd.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State O	Zip Code 43209	Amount 100.00	Form(Cash,Check,etc) check	
Full Name of Contributor Jack Joseph				Registration Number, if PAC	
Street Address 540 N. Samuel Dr.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Zanesville	State O	Zip Code 43701	Amount 500.00	Form(Cash,Check,etc) check	
Full Name of Contributor Rebecca X. Ruan				Registration Number, if PAC	
Street Address 5225 Saint Helena St.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State O	Zip Code 43221	Amount 50.00	Form(Cash,Check,etc) check	
Full Name of Contributor Angela L. Bosworth				Registration Number, if PAC	
Street Address 845 N. High Street Unit 405	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State O	Zip Code 43215	Amount 250.00	Form(Cash,Check,etc) check	
Full Name of Contributor Robert C. Carter				Registration Number, if PAC	
Street Address 1620 E. Broad Street Ste. 1007	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State O	Zip Code 43203	Amount 250.00	Form(Cash,Check,etc) check	
Full Name of Contributor Franklin County Democratic Party				Registration Number, if PAC	
Street Address 271 East State Street	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State O	Zip Code 43215	Amount 9,025.00	Form(Cash,Check,etc) check	

* 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)]

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.

Total contributions this event

13,375.00

Total expenditures this event

1,367.50

Page Total \$ <u>10,675.00</u>
