Statement of Contributions Received

Prescribed by Secretary of State 3/05

				MAYSUNGA MARKETTA		den en en de pla					
Name of Committee in Full											
Maryellen O'Shaughnessy Committee						-					
II Name of Contributor					Registration Number, if PAC						
Ohio Democratic Party					Manufacture 1						
Street Address	Employe	Employer/Occupation/Labor Organization							Form (Cash, Check, etc.)		
340 E. Fulton Street								check			
City	Sta	te	Zip Code	М	D	- 1	Y	Amount	4 = 00 00		
Columbus	0	H	43215	1 0		0	0 8		1,500.00		
Full Name of Contributor				Regist	ration	Nun	nber, if	PAC			
Abigail Wexner											
Street Address	Employe	Employer/Occupation/Labor Organization*						Form (Cash,	Check, etc.)		
1 Whitebarn								check	, ,		
City	Sta	ite	Zip Code	М			Y	Amount			
New Albany	0	H	43054				0 8		1,000.00		
Full Name of Contributor						Registration Number, if PAC					
Civil Engineers for a Civil Government					OH 1356						
Street Address	Employe	Employer/Occupation/Labor Organization*						Form (Cash,	Check, etc.)		
12855 Wheaton Ave.								check			
City	Sta	ate	Zip Code	М	[Y	Amount			
Pickerington	0	H	43137	1 0		0	0 8		500.00		
Full Name of Contributor			-	Regist	ration	Nur	nber, if	PAC			
Columbus Franklin County AFL CIO P							TANA Walternamen also				
et Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)						
1545 Alum Creek Dr. 2nd Floor								check			
City	St	ate	Zip Code	М	1)	Y	Amount			
Columbus	0	H	43209	1 (0	North Control of the		350.00		
Full Name of Contributor				Regist	ration	Nur	nber, if	PAC			
				<u> </u>	word to the second second	and the same of th	ergennyk de dysak Volunts	Ir (C1-	Objective to 1		
Street Address	Employe	Employer/Occupation/Labor Organization							Check, etc.)		
			T				1				
City	St	ate '	Zip Code	M	'	D I	Y	Amount			
			·			<u></u>		DAC			
Full Name of Contributor				Regist	tration	1 Nu	mber, if	PAC			
						Form (Cash, Check, etc.)					
et Address Employer/Occupation/Labor Organization					k				Check, etc.)		
				т			1 1/	_			
City	St	ate	Zip Code	М		D I	Y	Amount			
						<u> </u>	<u> </u>				
Full Name of Contributor						Registration Number, if PAC					

Street Address	Employer/Occupation/Labor Organization				r				Check, etc.)		
								<u> </u>			
City	St	ate	Zip Code	M		D	Y	Amount			
Full Name of Contributor				Regis	tratio	n Nu	mber, it	PAC			
					***************************************		,				
Street Address	Employ	Employer/Occupation/Labor Organization*						Form (Cash	Check, etc.)		
City	St	ate	Zip Code	М		D	Y	Amount			

Page Total \$ 3,350.00

^{*} 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)]