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Statement of Contributions Received

Prescribed by Secretary of State 3/05

		Section Commission Commission Commission Commission Commission Commission Commission Commission Commission Com	**************************************			Carry			
Name of Committee in Full									
Maryellen O'Shaughnessy Committee									
Full Name of Contributor					Registration Number, if PAC				
Friends for Ginther					***************************************	Name of the last o			
Street Address	Employer	Employer/Occupation/Labor Organizati					Form (Cash, C	Check, etc.)	
405 East Town Street							check		
City	Stat	te	Zip Code	М	D	Y	Amount		
Columbus	0	Н	43215	0 4	1 6	0 8		1,000.00	
Full Name of Contributor			L	Registra		mber, if F	'AC		
Transfer from 31-E; Florentine R	lestaurant			ESOMOSON.					
Street Address		·/Occup	pation/Labor Organization*	L			Form (Cash, (Check, etc.)	
City	Sta	te	Zip Code	М	D	Y	Amount		
		1	,		1 1			8,490.00	
Full Name of Contributor				Registra	ation Nu	mber, if I	PAC		
Mark Corna						•			
Street Address	Employer	Employer/Occupation/Labor Organization*				V	Form (Cash, C	Check, etc.)	
	Employo	Employer/ occupation/ Labor organization					check		
2034 Quarry Crest Dr.	Sta	te	Zip Code	М	D	ΙΥ	Amount		
_{City} Columbus	0	Н	43204	0 5				100.00	
		1.3	I TOZOT			mber, if I	The second secon		
Full Name of Contributor									
Robert W. Crosby jr.	[E]	r/0cc	nation/Labor Organization*	L	Name and Publisher of the Publisher of t		Form (Cash,	Check, etc.)	
Street Address	Employe	Employer/Occupation/Labor Organization*			check				
1520 Thurell Road		to	Zin Code	М	D	ΙΥ	Amount		
City	Sta		Zip Code		1 3	1	E .	30.00	
Columbus	0	Н	43229					JU.UU	
Full Name of Contributor				kegistr	ation Nu	ımber, if	I AC		
Joseph C. Blasko		·/~					Eor- (C- 1	Chack of '	
Street Address	Employe	Employer/Occupation/Labor Organization*					1	Form (Cash, Check, etc.)	
1027 Neil Avenue			T		Т	T	check		
City	Sta		Zip Code	M	D	Y	Amount	F0.00	
Columbus	0	H	43201	0 5				50.00	
Full Name of Contributor				Registr	ation Nu	ımber, if	PAC		
Jo Anne St. Claire						Managaran			
Street Address	Employe	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
209 Olentangy St.							check		
City	Sta	ate	Zip Code	М	D	Y	Amount		
Columbus	0	H	43202	0 5				35.00	
Full Name of Contributor		Access to the second se		Registr	ration Nu	umber, if	PAC		
Catherine Elkins									
Street Address	Employe	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.				
392 Crestview Rd.					check				
City	Sta	ate	Zip Code	М	D	Y	Amount		
Columbus	0	Н	43202	0 5	2 0	0 8		50.00	
Full Name of Contributor				The second second	and an	umber, if			
Timothy Burga									
Street Address	Emplove	Employer/Occupation/Labor Organization*				······································	Form (Cash,	Check, etc.)	
6682 Meadow Glen								check	
City	Str	ate	Zip Code	М	D	Y	Amount		
Westerville	0	H	43082	0 5	1 .	0 0 8	;	50.00	
AAGSCELATITE		LL	1 2000	تِباتِ اِ	<u> エデエ`</u>		cupation and t		

Page Total \$ 9,805.00

^{*} 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)]