Statement of Contributions Received

Prescribed by Secretary of State 3/05

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Name of Committee in Full								
Maryellen O'Shaughnessy Committee								
Full Name of Contributor				Registration Number, if PAC				
Jeremiah O'Shaughnessy	,							
Street Address	Employer/Occu	•			Form (Cash, Check, etc.)			
3559 Elmhurst Ave.	Retired				check			
City	State	Zip Code	М	D	Y	Amount		
Pittsburgh	PA	15212	0 5					
Full Name of Contributor	Registration Number,				mber, if F	PAC		
Robert Posey								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
5595 Valencia Pk	Franklin	urts			online			
City	State	Zip Code	М	D	Υ	Amount		
Hilliard	0 H	43206	0 5	1 9	0 9	50,00		
Full Name of Contributor	Registration Number, if				PAC			
Street Address	ress Employer/Occupation/Labor Organization*				Form (Cash, Che			
						C. 11		
City	State	Zip Code	М	D	Υ	Amount		
Full Name of Contributor			Registr	ation Nu	mber, if f	PAC		
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.								
Employ on Goodpation, Education								
City	State	Zip Code	M	l D	ΙΥ	Amount		
City	Jule	Zip code	"		1	Amount		
Full Name of Contributor			Pagietr	ation Nu	mber if I			
Full Name of Contributor Registration Number, if PAC								
eet Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
Street Address	Employer/ occupation/ Eudor Organization					Torni (cash, check, etc.)		
City	State	Zip Code	М	D	ΙΥ	Amount		
City	State	Zip Code	189			Anount		
Full Name of Contributor	<u>}</u>		Pogistr	ation Nu	mbor if I			
Full Name of Contributor Registration Number, if PAC								
Street Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
						Toriff (Cash, Check, etc.)		
City.	State	Zip Code	I M	D	ΙΥ	A manual		
City	State	Zip Code	101			Amount		
5 UNIVERSITY OF STREET			10					
Full Name of Contributor				Registration Number, if PAC				
	1		<u> </u>		-			
Street Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
								
City	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor Registration Number, if PA						PAC		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
						Benzinovsky		

Page Total \$ 150.00

^{*} 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)]