

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Maryellen O'Shaughnessy Committee										
Full Name of Contributor John J. Chester						Registration Number, if PAC				
Street Address 65. E. State Street Suite 1000			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check			
City Columbus	State O	H H	Zip Code 43215	M 0	D 5	Y 2	Y 7	Y 0	Y 8	Amount 500.00
Full Name of Contributor Lisa J. Greene						Registration Number, if PAC				
Street Address 5163 Portland St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check			
City Columbus	State O	H H	Zip Code 43220	M 0	D 5	Y 2	Y 7	Y 0	Y 8	Amount 50.00
Full Name of Contributor Sandra J. Sullivan						Registration Number, if PAC				
Street Address 3736 N. High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check			
City Columbus	State O	H H	Zip Code 43214	M 0	D 5	Y 2	Y 7	Y 0	Y 8	Amount 50.00
Full Name of Contributor James D. Casto						Registration Number, if PAC				
Street Address 6241 Riverside Dr. Suite 25			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check			
City Columbus	State O	H H	Zip Code 43017	M 0	D 5	Y 2	Y 7	Y 0	Y 8	Amount 50.00
Full Name of Contributor Jimmy Dimora/Dimora Boosters						Registration Number, if PAC				
Street Address 19510 Lorain St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check			
City Fairview Park	State O	H H	Zip Code 44126	M 0	D 6	Y 2	Y 5	Y 0	Y 8	Amount 100.00
Full Name of Contributor Rhett C. Ricart						Registration Number, if PAC				
Street Address P.O. Box 27130			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check			
City Columbus	State O	H H	Zip Code 43227	M 0	D 6	Y 2	Y 5	Y 0	Y 8	Amount 150.00
Full Name of Contributor Laborers Int'l Union of North America Local 423						Registration Number, if PAC LA 912				
Street Address 620 Alum Creek Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check			
City Columbus	State O	H H	Zip Code 43205	M 0	D 6	Y 2	Y 5	Y 0	Y 8	Amount 500.00
Full Name of Contributor Transfer from 31-E; MoJoe Lounge						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City	State	H	Zip Code	M	D	Y	Y	Y	Y	Amount
				0	6	0	3	0	8	1,855.00

* 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)]

Page Total \$ 3,255.00