

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Maryellen O'Shaughnessy Committee							
Full Name of Contributor Peter Lytle					Registration Number, if PAC		
Street Address 2159 Bristol Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ETF		
City Upper Arlington	State O H	Zip Code 43221	M 0 6	D 0 4	Y 0 8	Amount 0.22	
Full Name of Contributor James I. Luck					Registration Number, if PAC		
Street Address 799 Pinecliff Pl.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Worthington	State O H	Zip Code 43085	M 0 7	D 0 7	Y 0 8	Amount 75.00	
Full Name of Contributor Barbara J. Hykes					Registration Number, if PAC		
Street Address 1865 Torchwood Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43229	M 0 7	D 0 7	Y 0 8	Amount 50.00	
Full Name of Contributor IBEW-COPE					Registration Number, if PAC		
Street Address 900 Severnth Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Washington	State D C	Zip Code 20001	M 0 7	D 1 0	Y 0 8	Amount 500.00	
Full Name of Contributor Transfer from 31-E; Spaghetti Warehouse					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M 0 7	D 1 7	Y 0 8	Amount 1,600.00	
Full Name of Contributor Transfer 31-E; Sokol					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M 0 7	D 2 9	Y 0 8	Amount 2,325.00	
Full Name of Contributor Mildred L. Chavous					Registration Number, if PAC		
Street Address 1717 Spartan Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43209	M 0 8	D 1 3	Y 0 8	Amount 100.00	
Full Name of Contributor Vorys Sater Seymour and Pease LLP					Registration Number, if PAC OH109		
Street Address 52 East Gay Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 0 8	D 2 7	Y 0 8	Amount 1,000.00	

* 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 \$ 5,650.22