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R.	C.	3517.10	

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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full										
O'Shaughnessy Committee		1			٠					
Full Name of Contributor		Registration Number, if PAC								
Ty D. Marsh	•									
Street Address	Employer/Occup				Form (Cash, Check, etc.)					
57 Riverview Park Drive					check					
City	State	Zip Code	M	D	Y	Amount				
Columbus	OTH	43214	1   2	0 7	1 9	100.00				
Full Name of Contributor	<u> </u>	10211	ينتصب برجوف			the second section is a second section of the second section in the second section is a second section of the second section of the second section is a second section of the section of the second section of the section of t				
Full Name of Contributor Registration Number, if PAC Allen J. Reis										
Street Address	Employer/Occup	<u> </u>			Form (Cash, Check, etc.)					
1304 Amerlea Dr. W					check					
City	State	Zip Code	Тм	D	Y	Amount				
1 .	OH	43230	1	ì	}	1				
Columbus Full Name of Contributor	0 11.	43230	1 2	0 5						
			Registrat	ion Num	ber, if PA	C				
Friends of O'Connor	In 1 10		<u>L</u>	.123 . *	, , ,					
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)				
545 E. Town Street					check					
City	State	Zip Code	M	D	Y	Amount				
Columbus	OH	43215	1 2	2 0	1 9	1,000.00				
Full Name of Contributor			Registrat	ion Num	ber, if PA	C ,				
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)				
	•	a				•				
City	State	Zip Code	М	D	Y	Amount				
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Full Name of Contributor	<u> </u>	******	Registrat	ion Num	ber, if PA	С				
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Street Address	Employer/Occup	· · · · · · · · · · · · · · · · · · ·			Form (Cash, Check, etc.)					
•										
City	State	Zip Code	М	D	Y	Amount				
		,	1		1.	•				
Full Name of Contributor			Registrat	ion Num	ber, if PA	C				
Street Address	Employer/Occup				Form (Cash, Check, etc.)					
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City	State	Zip Code	М	D	Y	Amount				
City	State .	Zip Code	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		1 1	·				
Full Name of Contributor			Dagistast	iau Nive	ber, if PA					
run Name of Contributor			Registrat	ion ivum	ber, ii PA					
Ct	In 1 10	ation/Labor Organization*								
Street Address	Employer/Occup				Form (Cash, Check, etc.)					
		1			T					
City	State	Zip Code	M	D	Y	Amount				
Full Name of Contributor Registration Number, if PAC										
Street Address	Employer/Occup				Form (Cash, Check, etc.)					
						<u> </u>				
City	State	Zip Code	М	D	Y	Amount				
			تقصر يصور							

\* 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 \$ 1,600.00