

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | | | |
|---|---------------------|---|---------------|---------------|--|---------------------------|--|
| Name of Committee in Full O'Shaughnessy Committee | | | | | | | |
| Full Name of Contributor Ty D. Marsh | | | | | Registration Number, if PAC | | |
| Street Address 57 Riverview Park Drive | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | |
| City Columbus | State O H | Zip Code 43214 | M 1 | D 2 | Y 0 | Amount 100.00 | |
| Full Name of Contributor Allen J. Reis | | | | | Registration Number, if PAC | | |
| Street Address 1304 Amerlea Dr. W | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | |
| City Columbus | State O H | Zip Code 43230 | M 1 | D 2 | Y 0 | Amount 500.00 | |
| Full Name of Contributor Friends of O'Connor | | | | | Registration Number, if PAC | | |
| Street Address 545 E. Town Street | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | |
| City Columbus | State O H | Zip Code 43215 | M 1 | D 2 | Y 2 | Amount 1,000.00 | |
| Full Name of Contributor | | | | | Registration Number, if PAC | | |
| 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 PAC | | |
| 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 PAC | | |
| 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 PAC | | |
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| City | State | Zip Code | M | D | Y | Amount | |
| Full Name of Contributor | | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | |
| City | State | Zip Code | M | D | Y | Amount | |

* 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**