Page 2

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			est dispussed in the contract of the contract		- in the second of the second			
Maryellen O'Shaughnessy			,					
Full Name of Contributor								
The Brunner Firm Co. LPA				Registration Number, if PAC				
Street Address	Employer/Occ	curation / shor Organization*	L		·	In Charles Share		
545 East Town Street	Linployer, occ	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City Street	State	Zip Code	1 14	T 5	т ,,	check		
Columbus		1 '	M 1 1	D	Υ	Amount		
Full Name of Contributor	0 11	O H 43215			CONTRACTOR OF THE PARTY OF THE	250.00		
Tun Name of Contributor			Registr	ation Nur	nber, ii i	PAC		
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*			waxaya ka ka	Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	ΙΥ	Amount		
•						Allount		
Full Name of Contributor		Registration Number, if PAC						
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	М	T D	Υ	Amount		
						Amount		
Full Name of Contributor Regis					Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
City	Cento	Ti- Code	T ::					
	State	Zip Code	M	D	Υ	Amount		
Full Name of Contributor			Poglatra	tion No.	-b :6 D			
			Registra	ation Nun	iber, it P	AC		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
		and the state of t				onn (cash, check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
					-	,		
Full Name of Contributor			Registra	ition Num	ber, if P	AC		
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount .		
				THE PERSON NAMED IN COLUMN 1				
Full Name of Contributor				Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization*			Form (Controll				
Employer occupation capor organization						Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
			"			Amount		
Full Name of Contributor	:		Registra	tion Num	her if D	۸۲		
			I oglocia	cion itali	DC1, 11 17			
Street Address	Employer/Occupation/Labor Organization*			Committy or beautiful to the control of the control	Î	Form (Cash, Check, etc.)		
						(Subin Shock, etc.)		
City	State	Zip Code	М	D	Y	Amount		
			1 1		1			
uirod for contributions from indicid 6100								

* 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 \$ 250.00