Event Date	7/17/08
Page	1

## **Statement of Contributions Received** at a Social or Fundraising Event

	Prescribed by Secr	etary of State 3/05	THE RESERVE OF THE PERSON NAMED IN COLUMN 2					
Name of Committee in Full								
Maryellen O'Shaughnessy Con	nmittee	And the second s			***************************************	24.0		
Full Name of Contributor				Registration Number, if PAC				
Benjamin Waxman		L'allahan Carin di di	M	l n	T V	I A mount		
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D 1   7	Y  0 8	Amount	100.00	
815 16th Street	Class	7in Code		ash,Chec			100,00	
City	State D C	Zip Code 20006		check				
Washington Full Name of Contributor	D   C	20000		WATER TO THE PARTY OF THE PARTY	mber, if	PAC		
Full Name of Contributor  Friends for Ginther			Regioere	2011114		. ,		
Street Address	Employer/Occui	pation/Labor Organization*	M	D	Υ	Amount		
405 East Town Street	anny of our	Employer/ occupation/ Eupor organization		1   7	0 8		1,000.00	
City	State	Zip Code		ash,Che			,	
Columbus	ОН	43215		check	ζ.			
Full Name of Contributor			Registration Number, if PAC					
Wiles. Boyle, Burkholder, Bring	gardner Co., LPA		PAC	CP-10	)58			
Street Address	Employer/Occu	pation/Labor Organization*	М	D	Y	Amount		
300 Spruce Street			0 7	1   7	0   8		500.00	
City	State	Zip Code	Form(C	ash,Che	ck,etc)			
Columbus	OH	43215			***************************************			
Full Name of Contributor			Registr	ation Nu	mber, if	PAC		
Street Address	Employer/Occu	pation/Labor Organization*	M	D	Y	Amount		
		T	<u> </u>			_		
City	State	Zip Code	Form(C	ash,Che	ck,etc)			
			Pegietr	ation Nu	ımber, if	PAC		
Full Name of Contributor			Registi	acion rea	inibol, ii	1710		
Street Address	Employer/Occu	pation/Labor Organization*	М	D	ΤΥ	Amount		
Street Address	Employen deed	pation Labor Organization		lī				
City	State	Zip Code	Form(C	ash,Che	ck,etc)	_		
City								
Full Name of Contributor			Registr	ation Nu	ımber, if	PAC		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		D	Y	Amount		
City	State	Zip Code	Form(0	Cash,Che	ck,etc)			
Full Name of Contributor			Registr	ation Nu	umber, if	PAC		
			М					
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		D	Y	Amount		
					<u> </u>			
City	State	Zip Code	Form(	Cash,Che	eck,etc)			
equired for contributions from individuals over \$100	to statewide and general asse	mbly candidates. If contribute	or is self-r	employe	d. the or	cupation and	the name of t	
equired for contributions from individuals over \$100	to statewide and general asse	many canonaucoor in continue			.,			

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	
1 (20 00	194.44	Page Total \$
1,600.00	174.44	

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)]