

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Maryellen O'Shaughnessy Committee					
Full Name of Contributor Benjamin Waxman				Registration Number, if PAC	
Street Address 815 16th Street	Employer/Occupation/Labor Organization*			M D Y 0 7 1 7 0 8	Amount 100.00
City Washington	State D C	Zip Code 20006		Form(Cash,Check,etc) check	
Full Name of Contributor Friends for Ginther				Registration Number, if PAC	
Street Address 405 East Town Street	Employer/Occupation/Labor Organization*			M D Y 0 7 1 7 0 8	Amount 1,000.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) check	
Full Name of Contributor Wiles. Boyle, Burkholder, Bringardner Co., LPA				Registration Number, if PAC PAC CP-1058	
Street Address 300 Spruce Street	Employer/Occupation/Labor Organization*			M D Y 0 7 1 7 0 8	Amount 500.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*			M D Y	Amount
City	State	Zip Code		Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*			M D Y	Amount
City	State	Zip Code		Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*			M D Y	Amount
City	State	Zip Code		Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*			M D Y	Amount
City	State	Zip Code		Form(Cash,Check,etc)	

* 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)]

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

1,600.00

Total expenditures this event

194.44

Page Total \$ 1,600.00