

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Maryellen O'Shaughnessy Committee									
Full Name of Contributor Peter Lytle						Registration Number, if PAC			
Street Address 2159 Bristol Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) online		
City Upper Arlington	State O   H	Zip Code 43221	M 0   8	D 1   4	Y 0   8	Amount 15.00			
Full Name of Contributor Peter Lytle						Registration Number, if PAC			
Street Address 2159 Bristol Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) online		
City Upper Arlington	State O   H	Zip Code 43221	M 0   8	D 1   4	Y 0   8	Amount 15.00			
Full Name of Contributor Bob Loversridge						Registration Number, if PAC			
Street Address 2110 East Broad Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) online		
City Columbus	State O   H	Zip Code 43209	M 0   8	D 1   4	Y 0   8	Amount 50.00			
Full Name of Contributor Brenda Roberts						Registration Number, if PAC			
Street Address 5375 River Oaks Ct.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) online		
City Sylvania	State O   H	Zip Code 43560	M 0   8	D 1   4	Y 0   8	Amount 50.00			
Full Name of Contributor G. Tyack						Registration Number, if PAC			
Street Address 427 Pittsfield Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) online		
City Worthington	State O   H	Zip Code 43085	M 0   8	D 1   4	Y 0   8	Amount 50.00			
Full Name of Contributor Ahmed Al-Akhras						Registration Number, if PAC			
Street Address 1311 LeAnne Marie Circle			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) online		
City Columbus	State O   H	Zip Code 43235	M 0   8	D 1   4	Y 0   8	Amount 100.00			
Full Name of Contributor Stanley Dritz						Registration Number, if PAC			
Street Address 50 West Broad St. Suite 2200			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) online		
City Columbus	State O   H	Zip Code 43215	M 0   8	D 1   4	Y 0   8	Amount 100.00			
Full Name of Contributor Jeffrey Porter						Registration Number, if PAC			
Street Address 65 East State Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) online		
City Columbus	State O   H	Zip Code 43215	M 0   9	D 2   6	Y 0   8	Amount 50.00			

\* 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 \$ 430.00