Event Date	07/29/08
Page	2

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

	riescined b	y Secr	etary of State 3705		W2222			***************************************	
Name of Committee in Full	-166								
Maryellen O'Shaughnessy Comr	nittee	·		T			240		
Ill Name of Contributor				Registration Number, if PAC					
Diana L. Lessner	<u> </u>			 		I	ı		
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount	100.00	
3994 Wynding Dr,			T=: -	0 7	2 9	0 8		100.00	
City	Stat		Zip Code	Form(C	ash,Chec				
Columbus		H	43214	 	check	· · · · · · · · · · · · · · · · · · ·	246		
Full Name of Contributor				Registr	ation Nur	nber, if I	PAC		
Lynn Friedman	1			М		1 1/			
Street Address	Employer	Employer/Occupation/Labor Organization*			D	Y	Amount	F0.00	
2971 White Bark Place				0 7				50.00	
City	1 ,	State Zip Code		Form(Cash,Check,etc)					
Columbus	0	O H 43221			check Registration Number, if PAC				
Full Name of Contributor				Kegistr	ation Nur	nper, if	PAL		
Jerry L. Maloon	I F	/0		Н	D	l v	Amount		
Street Address	Employer	/Occu	pation/Labor Organization*	1	1	Y n l e	Amount	1 000 00	
9155 Moors Place N.	61.1		Tris Costs		2 9			1,000.00	
City	Stat		Zip Code	Form(C	ash,Chec				
Dublin		Н	43017	Dagiota	check		DAC.		
Full Name of Contributor				Kegistr	ation Nur	mper, II	PAC		
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount			
	, ,								
City	Stat	te	Zip Code	Form(C	ash,Chec	k,etc)			
Full Name of Contributor				Registr	ation Nu	mber, if	PAC		
Street Address	Employer	Employer/Occupation/Labor Organization*			D	Y	Amount		
City	Stat	te	Zip Code	Form(C	ash,Ched	ck,etc)			
Full Name of Contributor		***************************************		Registr	ation Nu	mber, if	PAC		
Street Address	Employer	Employer/Occupation/Labor Organization*			D	Y	Amount		
City	Stat	te	Zip Code	Form(C	ash,Ched	ck,etc)			
Full Name of Contributor				Registr	ation Nu	mber, if	PAC		
				М	T	T			
Street Address	Employer	Employer/Occupation/Labor Organization*			D	Y	Amount		
			-	4	<u></u> _	<u> </u>			
City	Sta	te	Zip Code	Form(0	ash,Che	ck,etc)			
		·			***************************************	// // // // // // // // // // // // //			
equired for contributions from individuals over \$100 to	statewide and genera	lassen	nbly candidates. If contribute	or is self-e	mployed	, the oc	cupation and	the name of the	

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	
Total contributions this event	Total experience of the event	Page Total \$ 1,150.00
2,325.00	200.00	

^{*} 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)]