31-E R.C. 3517.10(B)

Event Date	09/25/08
Page	1

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

	Prescribed by	Secre	tary of State 3/05						
Name of Committee in Full									
Maryellen O'Shaughnessy Committee	***************************************	****		_					
Full Name of Contributor					Registration Number, if PAC PCE 7438				
Iron Workers Local Union 172						V 1	A	Mind	
Street Address	Employer/	Employer/Occupation/Labor Organization*			D	0   8	Amount	250.00	
2867 S. High Street	Ctata		7in Codo	0   9 Form(Ca	2   5	v etc)		230.00	
Calmadana	State	Н	Zip Code 43207	1	check				
Columbus Full Name of Contributor		II.	40207	Registration Number, if PAC					
Law Offices of Sean A. Mentel LLC				Registre	CIOIT INGS	11001, 11 1	7.0		
Street Address	Fmployer/	Employer/Occupation/Labor Organization*			D	Y	Amount		
175 S. 3rd Street	[2.11.67.67.57	Employer/ occupation/ Labor Organization		М 0   9	2   5	0 8		250.00	
City	State		Zip Code		sh,Chec				
Columbus	1 .	H	43215		check				
Full Name of Contributor						mber, if P	AC		
Columbus/Central Ohio Building Tra	des Conno	·iI				•			
Street Address			pation/Labor Organization*	М	D	Y	Amount	******	
555 East Rich Street		Employer, decapation, Labor organization		0 9	2   5	0   8		1,000.00	
City	State	)	Zip Code		sh,Chec				
Columbus	0	H	43215	check					
Full Name of Contributor					Registration Number, if PAC				
Columbus Sheet Metal Workers				OH 1	053				
Street Address	Employer/	Employer/Occupation/Labor Organization*			D	Y	Amount		
3035 Lamb Avenue				0 9	2   5	0 8		500.00	
City	State	9	Zip Code	Form(C	ash,Ched				
Columbus	0	H	43219		check	ζ			
Full Name of Contributor				1 -		mber, if F	PAC		
Columbus Sheet Metal Workers					.053				
Street Address	Employer/	'Occup	oation/Labor Organization*	M	D	Y	Amount		
3035 Lamb Avenue				0 9				100.00	
City	State	e	Zíp Code	Form(C	ash,Che				
Columbus	0	H	43219		checl	ACCORDING TO SERVICE AND ADDRESS OF THE PARTY OF THE PART			
Full Name of Contributor				Registr	ation Nu	mber, if I	PAC		
David E. Migliore					T				
Street Address	Employer/	Employer/Occupation/Labor Organization*		M	D	Y	Amount	100.00	
213 Melbourne Pl.				0 9		0 8		100.00	
City	Stat		Zip Code	Form(C	ash,Che				
Worthington	0	Н	43085		checl	Maria			
Full Name of Contributor				Registr	ation Nu	mber, if I	PAC		
Richard W. O'Shaughnessy			//	М	1 5	T V	14		
Street Address	Employer	Employer/Occupation/Labor Organization*			D 2   5		Amount	500.00	
1495 Teeway Dr.		Chata Tin Co. da		0 9				300.00	
Calamahara		State Zip Code		Form(C	ash,Che checl				
Columbus		H	43220		CHEC	<u></u>			
4400	المسمامات	000	ably condidates If contribute	ric colf o	mnleves	the occ	runation and	the name of th	
equired for contributions from individuals over \$100 to statew	ide and general	assen	ibly candidates. If contributo	i is seii-e	inployed	a, the occ	oparion and	une name un Ul se con the labe	
vidual's business, if any, rather than employer should be listed.	. If two or more			eduction	and exc	eeu tile i	ayyıeyate O	witte, the labe	

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		
		Page Total \$	2,700.00

organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]