

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 Iron Workers Local Union 172				Registration Number, if PAC PCE 7438			
Street Address 2867 S. High Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2 5 0 8	250.00
City Columbus		State O H	Zip Code 43207	Form(Cash,Check,etc) check			
Full Name of Contributor Law Offices of Sean A. Mentel LLC				Registration Number, if PAC			
Street Address 175 S. 3rd Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2 5 0 8	250.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) check			
Full Name of Contributor Columbus/Central Ohio Building Trades Council				Registration Number, if PAC			
Street Address 555 East Rich Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2 5 0 8	1,000.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) check			
Full Name of Contributor Columbus Sheet Metal Workers				Registration Number, if PAC OH 1053			
Street Address 3035 Lamb Avenue		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2 5 0 8	500.00
City Columbus		State O H	Zip Code 43219	Form(Cash,Check,etc) check			
Full Name of Contributor Columbus Sheet Metal Workers				Registration Number, if PAC OH 1053			
Street Address 3035 Lamb Avenue		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2 5 0 8	100.00
City Columbus		State O H	Zip Code 43219	Form(Cash,Check,etc) check			
Full Name of Contributor David E. Migliore				Registration Number, if PAC			
Street Address 213 Melbourne Pl.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2 5 0 8	100.00
City Worthington		State O H	Zip Code 43085	Form(Cash,Check,etc) check			
Full Name of Contributor Richard W. O'Shaughnessy				Registration Number, if PAC			
Street Address 1495 Teeway Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2 5 0 8	500.00
City Columbus		State O H	Zip Code 43220	Form(Cash,Check,etc) check			

* 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

Total expenditures this event

Page Total \$ 2,700.00