

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full O'Shaughnessy Committee									
Full Name of Contributor O'Shaughnessy for Ohio						Registration Number, if PAC			
Street Address 550 E. Walnut Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 0	D 2	Y 0	Y 4	Y 1	Y 1	Amount 4,251.86
Full Name of Contributor Transfer frm 31-E Columbus Brewing Co.						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Y	Y	Y	Amount
			0	6	1	4	1	1	4,250.00
Full Name of Contributor Allen J. Reis						Registration Number, if PAC			
Street Address 3250 Knoll Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0	D 6	Y 2	Y 0	Y 1	Y 1	Amount 250.00
Full Name of Contributor Moving Forward PAC						Registration Number, if PAC #OH1494			
Street Address 10133 Covan Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Westerville	State O H	Zip Code 43082	M 0	D 6	Y 1	Y 5	Y 1	Y 1	Amount 250.00
Full Name of Contributor Vincent A. Dugan						Registration Number, if PAC			
Street Address 923 E. Broad St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43205	M 0	D 6	Y 1	Y 4	Y 1	Y 1	Amount 100.00
Full Name of Contributor Huntington Bancshares Inc.						Registration Number, if PAC C00165589			
Street Address 41 South High St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 0	D 6	Y 1	Y 3	Y 1	Y 1	Amount 500.00
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Y	Y	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Y	Y	Y	Amount

* 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 \$ **9,601.86**