

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full O'Shaughnessy Committee							
Full Name of Contributor Plumbers and Pipefitters LU 189					Registration Number, if PAC PCE 6220		
Street Address 1250 Kinnear Road		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43212	M 1 0	D 2 8	Y 1 6	Amount 200.00	
Full Name of Contributor United Steelworkers					Registration Number, if PAC		
Street Address 777 Dearborn Park Lane Suite J		Employer/Occupation/Labor Organization* District 1 PCE				Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43085	M 1 0	D 1 7	Y 1 6	Amount 5,000.00	
Full Name of Contributor Edwin Lee Kirby					Registration Number, if PAC		
Street Address 4393 Colerain Ave		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43214	M 1 0	D 1 4	Y 1 6	Amount 500.00	
Full Name of Contributor Marv L Casanta					Registration Number, if PAC		
Street Address 3057 Brandon Road		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43221	M 1 1	D 0 9	Y 1 6	Amount 40.00	
Full Name of Contributor Transfer from 31-E Basi Italia					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount 1,775.00	
Full Name of Contributor The Huntington Bancshares Inc PAC					Registration Number, if PAC C00165589		
Street Address 41 S. High Street		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43215	M 1 1	D 1 5	Y 1 6	Amount 500.00	
Full Name of Contributor United Food and Commercial Workers AFL-CIO					Registration Number, if PAC L1059		
Street Address 1775 K Street NW		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Washington	State D C	Zip Code 20006	M 1 1	D 1 5	Y 1 6	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	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 \$ **8,515.00**