

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full O'Shaughnessy Committee							
Full Name of Contributor Jeremiah T. O'Shaughnessy						Registration Number, if PAC	
Street Address 3559 Elmhurst Ave		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Pittsburgh	State P A	Zip Code 15212	M 1	D 0	Y 6	Amount 100.00	
Full Name of Contributor Tyson Crist						Registration Number, if PAC	
Street Address 1444 Jewett Road		Employer/Occupation/Labor Organization* Ice Miller				Form (Cash, Check, etc.) check	
City Powell	State O H	Zip Code 43065	M 1	D 0	Y 6	Amount 150.00	
Full Name of Contributor Victoria Powers						Registration Number, if PAC	
Street Address 291 S Cassingham Rd		Employer/Occupation/Labor Organization* Ice Miller				Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43209	M 1	D 0	Y 6	Amount 250.00	
Full Name of Contributor Nancy Valentine						Registration Number, if PAC	
Street Address 320 Woodland Dr		Employer/Occupation/Labor Organization* Ice Miller				Form (Cash, Check, etc.) check	
City Medina	State O H	Zip Code 44256	M 1	D 0	Y 6	Amount 100.00	
Full Name of Contributor Michael Igoe						Registration Number, if PAC	
Street Address 4681 Winterest Dr.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43220	M 1	D 0	Y 6	Amount 250.00	
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	
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	
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 \$ 850.00