

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Maryellen O'Shaughnessy Committee									
Full Name of Contributor OASPF AFSCME Turnaround Ohio						Registration Number, if PAC PAC I A 1269			
Street Address 6805 Oak Creek Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc ) check		
City Columbus		State O   H	Zip Code 43229		M 0   7	D 2   2	Y 0   9	Amount 1,000 00	
Full Name of Contributor The O'Shaughnessy Committee						Registration Number, if PAC			
Street Address 9664 Shawnee Trail			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc ) check		
City Shawnee Hills		State O   H	Zip Code 43065		M 0   9	D 2   1	Y 0   9	Amount 130 89	
Full Name of Contributor Whann & Associates						Registration Number, if PAC			
Street Address 6300 Frantz Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc ) check		
City Dublin		State O   H	Zip Code 43017		M 1   2	D 0   1	Y 0   9	Amount 1,000 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	
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 [RC 3517 10(B)(4)]

Page Total \$ 2,130 89