Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full											
Maryellen O'Shaughnessy Committee											
full Name of Contributor						Registration Number, if PAC					
OASPF AFSCME Turnaround Ohio						CIA					
Street Address	Employ	1 10 1 1120				-	Form (Cash, Check, etc)				
6805 Oak Creek Drive									check		
Crty	St	ate	Zıp Code	Тм		D	Т	Υ	Amount		
Columbus	0	H	43229	0	7	2 3	2 0) 9	1,000 00		
Full Name of Contributor Registration Number, if											
The O'Shaughnessy Committee											
Street Address	Employ	-					Form (Cash, Check, etc)				
9664 Shawnee Trail									check		
City	St	ate	Zıp Code	M		D	T	Υ	Amount		
Shawnee Hills	0	H	43065	0	9	2 1) 9	130 89		
Full Name of Contributor				Reg	stra	tion N	umb	er, ıf F	PAC		
Whann & Associates											
Street Address	Employ	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc)		
6300 Frantz Rd									check		
City		ate	Zıp Code	М		D		Y	Amount		
Dublin	0	11	43017			0 1		9			
Full Name of Contributor				Regi	stra	tion Ni	umb	er, ıf F	PAC		
Street Address	Employer/Occupation/Labor Organization*								Form (Cash, Check, etc)		
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City	St	ate '	Zip Code	M		D		Y	Amount		
E. II November of Constitution							Ļ	يب			
Full Name of Contributor							Registration Number, if PAC				
Street Address Employer/Occupation/Labor Organization*						Francisco (Ocab Obserts of S					
Street Address	Employer/Occupation/Labor Organization*							ì	Form (Cash, Check, etc)		
City	State Zip Code				_			Y	A		
City	30	ale Í	Zip Code	M		D I		1	Amount		
Full Name of Contributor	<u> </u>			Pegu	etra	tion Ni	umbe	ar of C	200		
Talled of Socialisated						Registration Number, if PAC					
eet Address Employer/Occupation/Labor Organization*								_	Form (Cash, Check, etc.)		
Employer occupation East of Gamzadon									Tom (Sasing Shook, Story		
City	St	ate	Zip Code	М		D	$\overline{}$	Υ	Amount		
				1 1		Ī	-	i			
Full Name of Contributor						Registration Number, if PAC					
Street Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)						
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City	St	ate	Zıp Code	М		D	Т	Y	Amount		
				1 1		1					
Full Name of Contributor				Regi	stra	tion Ni	ımbe	er, if P	PAC		
Street Address	pation/Labor Organization*	Organization*				Form (Cash, Check, etc)					
City	St	ate	Zıp Code	М	\neg	D		Υ	Amount		
equired for contributions from individuals over \$100 to statewide a	nd gener	al assem	bly candidates If contributor	ıs sel	f-en	anlove	d th	e occ	unation and the name of the		

* 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 \$ 2,130 89