Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full									_					
Maryellen O'Shaughnessy Committee														
ull Name of Contributor						Registration Number, if PAC								
Plumber & Pipefitters L.U. 189														
Street Address	Employe	er/Occup	pation/Labor Organization*	_						Form (Cash, Check, etc.)				
1250 Kinnear Rd.	' '							Check						
City	St	ate	Zip Code	M	1	[5	Ŷ		Amount				
Columbus	0	Н	43212	0	2	1	9	0	8	1,000.00				
Full Name of Contributor Registration Number,														
Contributions from Form No. 31-E														
Street Address	Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)				
	1													
City	St	ate	Zip Code	M	1	1)	Y		Amount				
				0	3	1	2	0	8	12,102.67				
Full Name of Contributor	1							nber,						
Richard A. Frye														
Street Address	Employe							Form (Cash, Check, etc.)						
1669 Roxbury Road								Check						
City	St	ate	Zip Code	T N	1	[)	Y		Amount				
Columbus	0	H	43212	0	4	0	1	0	8	250.00				
Full Name of Contributor	•	•		Reg	jistra	ation	Nur	nber,	if F	AC				
Street Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)								
City	St	ate	Zip Code	M	1	1)	Y		Amount				
Full Name of Contributor				Reg	gistra	ation	Nur	nber,	if F	AC				
Street Address	Employ							Form (Cash, Check, etc.)						
City	St	ate	Zip Code	N	1	ו)	Y		Amount				
Full Name of Contributor Registration Number, if P									PAC					
Street Address	Address Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)					
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City	St	ate	Zip Code	^	1	'	D I	Y		Amount				
				<u> </u>	<u> </u>	<u>1</u>	<u> </u>	Ш						
Full Name of Contributor				Reg	gistr	ation	1 Nur	nber,	, IT H	AC				
et Address Employer/Occupation/Labor Organization*										Form (Cash, Check, etc.)				
	1		12: 0: 4:	١.				T 1/2						
City	51	ate	Zip Code	١	4 	'	D I	Y		Amount				
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Full Name of Contributor Registration Number, if F								AC						
Charach Address	Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)				
Street Address										ronn (Cash, Check, etc.)				
C'h.		ate	Zip Code	1 4	4	1	D	l Y	,	Amount				
City	31	ا ا	Lip code	"	•1 	'	1			Amount				
			<u> </u>			L	L	L_	L_	<u> </u>				

Page Total \$ 13,352.67

^{*} 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)]