

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full O'Shaughnessy Committee							
Full Name of Contributor Darrell A. Gammell					Registration Number, if PAC		
Street Address 303 Siebert St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43206	M 0 6	D 0 9	Y 1 4	Amount 100.00	
Full Name of Contributor IBEW PAC Voluntary Fund					Registration Number, if PAC		
Street Address 900 Seventh Street NW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Washington	State D C	Zip Code 20001	M 0 6	D 0 9	Y 1 4	Amount 1,000.00	
Full Name of Contributor Andrew Dunn					Registration Number, if PAC		
Street Address 266 Preston Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43209	M 0 6	D 2 3	Y 1 4	Amount 500.00	
Full Name of Contributor Eugene Lumpkin					Registration Number, if PAC		
Street Address 1290 Coe Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43207	M 0 6	D 2 3	Y 1 4	Amount 100.00	
Full Name of Contributor Rhett Ricart					Registration Number, if PAC		
Street Address 34 W Poplar Ave Unit 502		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 0 6	D 2 3	Y 1 4	Amount 100.00	
Full Name of Contributor United Steelworkers District 1 PCE					Registration Number, if PAC		
Street Address 777 Dearborn Park Ln Suite J		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43085	M 0 6	D 2 3	Y 1 4	Amount 1,000.00	
Full Name of Contributor Richard Borrer					Registration Number, if PAC		
Street Address 3036 Leeds Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43221	M 0 6	D 2 3	Y 1 4	Amount 100.00	
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 \$ 2,900.00