

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED
FEB 19 PM 2:58
FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Maryellen O'Shaughnessy Committee							Registration Number, if PAC		
Full Name of Candidate Maryellen O'Shaughnessy									
Street Address 1480 Dublin Road					Office Sought Clerk of Courts			District Franklin Co.	
City Columbus							State O H	Zip Code 43215	
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/>	Pre-Primary		Post-Primary		Pre-General		Post-General	Annual Year 2008
		July Monthly		August Monthly		September Monthly		Termination	Semiannual
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Election		M	D	Y	
						0	3	0	4
						0	4	0	8

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 2,429.96
2. Total monetary contributions (From Form No. 31-A)	\$ 250.00
3. Total other income (From Form No. 31-A-2)	\$
4. Total funds available (sum of lines 1, 2, 3)	\$ 2,679.96
5. Total monetary expenditures (From Form No. 31-B)	\$ 2,121.97
6. Balance on hand (line 4 minus line 5)	\$ 557.99
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$
9. Outstanding loans owed by committee (From Form No. 31-C)	\$
10. Outstanding debts owed by committee (From Form No. 31-N)	\$
11. Outstanding loans owed to committee (From Form No. 31-K)	\$
12. Value of independent expenditures made (From Form No. 31-U)	\$
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	\$

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Jane M. O'Shaughnessy, Treasurer
Print Name and Title (Treasurer and Deputy Treasurer only)

Jane M. O'Shaughnessy
Signature

02/19/08
Date

Contribution
pages 1

Expenditure
pages 2

Other
pages 1

Total
pages 4

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Maryellen O'Shaughnessy Committee							
Full Name of Contributor Andrew Showe					Registration Number, if PAC		
Street Address 45 North Front Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43215		M 0	D 2	Y 0 2 0 8
							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
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. [R.C. 3517.10(B)(4)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Maryellen O'Shaughnessy Committee												
To Whom Paid Franklin County BOE						M	D	Y	Amount			
						0	1	0	4	0	8	80.00
Address 280 E. Broad Street			Purpose fee									
City Columbus		State O H	Zip Code 43215		Check Number 1811							
To Whom Paid ATT						M	D	Y	Amount			
						0	1	0	9	0	8	30.83
Address PO Box 9001310			Purpose telephone									
City Louisville		State K Y	Zip Code 40290-1310		Check Number 1812							
To Whom Paid ATT						M	D	Y	Amount			
						0	1	0	9	0	8	51.90
Address PO Box 8100			Purpose telephone									
City Aurora		State I L	Zip Code 60507-8100		Check Number 1813							
To Whom Paid Triumph Communications						M	D	Y	Amount			
						0	1	3	0	0	8	1,600.00
Address 1480 Dublin Road			Purpose administration									
City Columbus		State O H	Zip Code 43215		Check Number 1814							
To Whom Paid Triumph Communications						M	D	Y	Amount			
						0	1	3	0	0	8	100.00
Address 1480 Dublin Road			Purpose administration									
City Columbus		State O H	Zip Code 43215		Check Number 1815							
To Whom Paid ATT						M	D	Y	Amount			
						0	2	0	5	0	8	59.24
Address PO Box 8100			Purpose telephone									
City Aurora		State O H	Zip Code 60507-8100		Check Number 1817							
To Whom Paid Expenditures from Form 31-F						M	D	Y	Amount			
						0	3	1	4	0	8	200.00
Address			Purpose									
City		State	Zip Code		Check Number							
To Whom Paid						M	D	Y	Amount			
Address			Purpose									
City		State	Zip Code		Check Number							

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Maryellen O'Shaughnessy Committee											
To Whom Paid Plank's Bier Garten				M	D	Y	Amount				
				0	2	0	5	0	8	200.00	
Address 1888 South High Street			Purpose facility rental deposit								
City Columbus		State O H	Zip Code 43206	Check Number 1816							
To Whom Paid				M	D	Y	Amount				
Address				Purpose							
City		State	Zip Code	Check Number							
To Whom Paid				M	D	Y	Amount				
Address				Purpose							
City		State	Zip Code	Check Number							
To Whom Paid				M	D	Y	Amount				
Address				Purpose							
City		State	Zip Code	Check Number							
To Whom Paid				M	D	Y	Amount				
Address				Purpose							
City		State	Zip Code	Check Number							
To Whom Paid				M	D	Y	Amount				
Address				Purpose							
City		State	Zip Code	Check Number							
To Whom Paid				M	D	Y	Amount				
Address				Purpose							
City		State	Zip Code	Check Number							

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.