

3

FILED

Ohio Campaign Finance Report

08 DEC -9 AM 10:36

Prescribed by Secretary of State 3/05

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)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year		
	July		August		September		Termination		2008		
Monthly		Monthly		Monthly				Semiannual			
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date of Election		M	D	Y	
						1	1	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	\$ 26,986.18
2. Total monetary contributions (From Form No. 31-A)	\$ 5,050.00
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 32,036.18
5. Total monetary expenditures (From Form No. 31-B)	\$ 20,270.97
6. Balance on hand (line 4 minus line 5)	\$ 11,765.21
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

12/05/08
Date

Contribution pages 2

Expenditure pages 2

Other pages 1

Total pages 5

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Maryellen O'Shaughnessy Committee						
Full Name of Contributor Kegler, Brown, Hill & Ritter				Registration Number, if PAC PAC CP648		
Street Address 65 E. State Street Suite 1800		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43215	M 1 0	D 2 7	Y 0 8	Amount 1,000.00
Full Name of Contributor National City Corporation				Registration Number, if PAC PAC Ohio CP256		
Street Address 1900 East Ninth Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Cleveland	State O H	Zip Code 44114	M 1 0	D 3 0	Y 0 8	Amount 1,000.00
Full Name of Contributor United Food and Commercial Workers				Registration Number, if PAC		
Street Address 1775 K Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Washington	State D C	Zip Code 20006	M 1 0	D 3 0	Y 0 8	Amount 500.00
Full Name of Contributor Amanda Sabol				Registration Number, if PAC		
Street Address 2371 Waterpoint Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43209	M 1 0	D 3 0	Y 0 8	Amount 50.00
Full Name of Contributor Teamsters Local Union No. 413				Registration Number, if PAC		
Street Address 555 East Rich Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43215	M 1 0	D 3 1	Y 0 8	Amount 1,000.00
Full Name of Contributor Political Action Patterns				Registration Number, if PAC		
Street Address 3515 Prospect Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Cleveland	State O H	Zip Code 44115	M 1 1	D 1 4	Y 0 8	Amount 500.00
Full Name of Contributor Design Group Political Action Committee				Registration Number, if PAC CP859		
Street Address 515 E. Main Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43215	M 1 1	D 1 4	Y 0 8	Amount 250.00
Full Name of Contributor Squire Sanders & Dempsey LLP PAC				Registration Number, if PAC C00444935		
Street Address 1201 Pennsylvania Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Washington	State D C	Zip Code 20004	M 1 1	D 1 4	Y 0 8	Amount 500.00

* 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 Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Maryellen O'Shaughnessy						
Full Name of Contributor The Brunner Firm Co. LPA				Registration Number, if PAC		
Street Address 545 East Town Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43215	M 1 1	D 1 4	Y 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
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 CoreComm						M	D	Y	Amount			
						1	0	1	6	0	8	209.95
Address PO Box 712959				Purpose internet								
City Cincinnati		State O H		Zip Code 45271		Check Number phone						
To Whom Paid Blue Campaign Solutions						M	D	Y	Amount			
						1	0	1	6	0	8	134.28
Address 2159 Bristol Road				Purpose website								
City Columbus		State O H		Zip Code 43221		Check Number 1867						
To Whom Paid Jane O'Shaughnessy						M	D	Y	Amount			
						1	0	1	6	0	8	600.00
Address 256 Piedmont Road				Purpose accounting								
City Columbus		State O H		Zip Code 43214		Check Number 1868						
To Whom Paid Triumph Communications						M	D	Y	Amount			
						1	0	2	2	0	8	10,074.00
Address 1480 Dublin Road				Purpose media								
City Columbus		State O H		Zip Code 43215		Check Number 1869						
To Whom Paid United States Post Office						M	D	Y	Amount			
						1	0	2	2	0	8	168.00
Address Beechwood Station				Purpose postage								
City Columbus		State O H		Zip Code 43214		Check Number 1870						
To Whom Paid Brainstorm Media						M	D	Y	Amount			
						1	0	2	2	0	8	475.04
Address 1020 Goodale Blvd.				Purpose Media								
City Columbus		State O H		Zip Code 43212		Check Number 1871						
To Whom Paid Triumph Communications						M	D	Y	Amount			
						1	0	2	2	0	8	4,996.00
Address 1480 Dublin Road				Purpose media								
City Columbus		State O H		Zip Code 43215		Check Number 1873						
To Whom Paid WCBE						M	D	Y	Amount			
						1	0	2	8	0	8	300.00
Address 540 Jack Gibbs Blvd.				Purpose Media								
City Columbus		State O H		Zip Code 43215		Check Number 1874						

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Maryellen O'Shaughnessy Committee							
To Whom Paid Friends of Dr. Jan Gorniak				M	D	Y	Amount
				1	1	0	750.00
Address 7374 Claddaugh Lane		Purpose contribution					
City Dublin	State O H	Zip Code 43016	Check Number 1875				
To Whom Paid Tip Top Club				M	D	Y	Amount
				1	1	0	475.00
Address 73 East Gay Street		Purpose food and beverages					
City Columbus	State O H	Zip Code 43215	Check Number 1877				
To Whom Paid Blue Campaign Solutions				M	D	Y	Amount
				1	1	1	113.70
Address 2159 Bristol Road		Purpose website					
City Columbus	State O H	Zip Code 43221	Check Number 1878				
To Whom Paid McTigue Law Group				M	D	Y	Amount
				1	1	1	1,375.00
Address 550 East Walnut		Purpose legal					
City Columbus	State O H	Zip Code 43215	Check Number 1879				
To Whom Paid Jane O'Shaughnessy				M	D	Y	Amount
				1	1	1	600.00
Address 256 Piedmont Rd.		Purpose accounting					
City Columbus	State O H	Zip Code 43214	Check Number 1880				
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				

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Maryellen O'Shaughnessy Committee			
Full Name of Contributor Franklin County Democratic Party		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address 271 East State St.		Description of Item or Service printing	M D Y Fair Market Value 1 0 2 7 0 8 6,200.00
City Columbus	State O H	Zip Code 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

* 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)]