

FILED

# Ohio Campaign Finance Report

09 JUL 29 PM 3: 31

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 Monthly		August Monthly		September Monthly		Termination		X Semiannual 2009		
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" 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	\$	11,765.21
2. Total monetary contributions (From Form No. 31-A)	\$	150.00
3. Total other income (From Form No. 31-A-2)	\$	705.00
4. Total funds available (sum of lines 1, 2, 3)	\$	12,620.21
5. Total monetary expenditures (From Form No. 31-B)	\$	8,949.48
6. Balance on hand (line 4 minus line 5)	\$	3,670.73
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

*Jane M. O'Shaughnessy*  
Signature

7/29/09  
Date

Print Name and Title (Treasurer and Deputy Treasurer only)

Contribution pages 2

Expenditure pages 4

Other pages 0

Total pages 6

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Maryellen O'Shaughnessy Committee						
Full Name of Contributor Jeremiah O'Shaughnessy				Registration Number, if PAC		
Street Address 3559 Elmhurst Ave.		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) check	
City Pittsburgh	State P   A	Zip Code 15212	M 0   5	D 0   6	Y 0   9	Amount 100.00
Full Name of Contributor Robert Posey				Registration Number, if PAC		
Street Address 5595 Valencia Pk		Employer/Occupation/Labor Organization* Franklin County Clerk of Courts			Form (Cash, Check, etc.) online	
City Hilliard	State O   H	Zip Code 43206	M 0   5	D 1   9	Y 0   9	Amount 50.00
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

\* 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 Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Maryellen O'Shaughnessy Committee</b>							
Full Name <b>Clear Channel Outdoor</b>				Registration Number, if PAC			
Address <b>770 Harrison Dr.</b>		Type* <b>R   E</b>		M <b>0   6</b>	D <b>1   6</b>	Y <b>0   8</b>	Amount <b>290.00</b>
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43204</b>	Form(Cash,Check,etc) <b>check</b>			
Full Name <b>IAFF</b>				Registration Number, if PAC			
Address <b>379 W. Broad Street</b>		Type* <b>R   E</b>		M <b>0   6</b>	D <b>3   0</b>	Y <b>0   9</b>	Amount <b>90.00</b>
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>check</b>			
Full Name <b>Shamrock Club</b>				Registration Number, if PAC			
Address <b>60 W. Castle</b>		Type* <b>R   E</b>		M <b>0   6</b>	D <b>3   0</b>	Y <b>0   9</b>	Amount <b>325.00</b>
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43221</b>	Form(Cash,Check,etc) <b>check</b>			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			

\* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full									
Maryellen O'Shaughnessy Committee									
To Whom Paid						M	D	Y	Amount
Shamrock Club						1	2	0	1881
Address		Purpose							
60 W. Castle Road		Advertising							
City		State	Zip Code	Check Number					
Columbus		O   H	43207	1881					
To Whom Paid						M	D	Y	Amount
AT&T						1	2	1	98.63
Address		Purpose							
PO Box 8100		Telephone							
City		State	Zip Code	Check Number					
Aurora		I   L	60507	1882					
To Whom Paid						M	D	Y	Amount
Jane M. O'Shaughnessy						1	2	1	600.00
Address		Purpose							
256 Piedmont Rd.		Accounting							
City		State	Zip Code	Check Number					
Columbus		O   H	43214	1883					
To Whom Paid						M	D	Y	Amount
El Vaquero						0	1	0	466.22
Address		Purpose							
3230 Olentangy River Road		Food and beverages							
City		State	Zip Code	Check Number					
Columbus		O   H	43202	1884					
To Whom Paid						M	D	Y	Amount
Blue Campaign Solutions						0	1	1	200.00
Address		Purpose							
2159 Bristol Road		Internet							
City		State	Zip Code	Check Number					
Columbus		O   H	43221	1885					
To Whom Paid						M	D	Y	Amount
IAFF						0	2	1	90.00
Address		Purpose							
379 W. Broad St.		Gift reimbursement							
City		State	Zip Code	Check Number					
Columbus		O   H	43215	1002					
To Whom Paid						M	D	Y	Amount
Consider Biking						0	2	1	80.00
Address		Purpose							
PO Box 937		Gift reimbursement							
City		State	Zip Code	Check Number					
Worthington		O   H	43085	1003					
To Whom Paid						M	D	Y	Amount
Blue Campaign Solutions						0	2	1	100.00
Address		Purpose							
2159 Bristol Road		Internet							
City		State	Zip Code	Check Number					
Columbus		O   H	43221	1004					

## Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Maryellen O'Shaughnessy Committee												
To Whom Paid Interdenominational Ministerial Alliance						M	D	Y	Amount			
						0	2	1	7	0	9	60.00
Address 2132 W. 3rd Street			Purpose Contribution									
City Dayton		State O   H	Zip Code 45417	Check Number 1005								
To Whom Paid Shamrock Club						M	D	Y	Amount			
						0	2	1	7	0	9	325.00
Address 60 W. Castle Rd.			Purpose Contribution									
City Columbus		State O   H	Zip Code 43221	Check Number 1006								
To Whom Paid Franklin County Democratic Party						M	D	Y	Amount			
						0	3	0	9	0	9	750.00
Address 271 E. State Street			Purpose Contribution									
City Columbus		State O   H	Zip Code 43215	Check Number 1152								
To Whom Paid Shamrock Club						M	D	Y	Amount			
						0	3	0	9	0	9	84.00
Address 60 W. Castle Rd.			Purpose Contribution									
City Columbus		State O   H	Zip Code 43221	Check Number DC								
To Whom Paid The Clarmont						M	D	Y	Amount			
						0	3	1	3	0	9	42.30
Address 684 S. High Street			Purpose Meals									
City Columbus		State O   H	Zip Code 43215	Check Number DC								
To Whom Paid Blue Campaign Solutions						M	D	Y	Amount			
						0	3	1	8	0	9	600.00
Address 550 E. Walnut			Purpose Internet									
City Columbus		State O   H	Zip Code 43215	Check Number 1154								
To Whom Paid Tigereye Promotions						M	D	Y	Amount			
						0	3	2	0	0	9	713.04
Address 1000 Progress Street			Purpose Media (yard signs)									
City Greenville		State O   H	Zip Code 45331	Check Number 1155								
To Whom Paid Central Ohio AFL-CIO						M	D	Y	Amount			
						0	3	2	5	0	9	130.00
Address 360 S. Third Street			Purpose Contribution									
City Columbus		State O   H	Zip Code 43215	Check Number 1156								

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Maryellen O'Shaughnessy Committee												
To Whom Paid Friends of the Ravine						M	D	Y	Amount			
						0	3	3	0	0	9	100.00
Address PO Box 82021				Purpose Contribution								
City Columbus		State O   H		Zip Code 43202		Check Number 1157						
To Whom Paid Women of Achievement						M	D	Y	Amount			
						0	4	0	6	0	9	250.00
Address 65 S. Fourth Street				Purpose Contribution								
City Columbus		State O   H		Zip Code 43215		Check Number 1159						
To Whom Paid Auditor Employee Fund						M	D	Y	Amount			
						0	4	1	0	0	9	128.00
Address 373 S. High Street				Purpose Contribution								
City Columbus		State O   H		Zip Code 43215		Check Number 1160						
To Whom Paid Franklin County Democratic Party						M	D	Y	Amount			
						0	4	1	0	0	9	1,000.00
Address 271 East State Street				Purpose Contribution								
City Columbus		State O   H		Zip Code 43215		Check Number 1161						
To Whom Paid Donatos #0023						M	D	Y	Amount			
						0	4	1	5	0	9	144.90
Address 2835 S. High Street				Purpose Food								
City Columbus		State O   H		Zip Code 43207		Check Number DC						
To Whom Paid The Jury Room						M	D	Y	Amount			
						0	4	1	6	0	9	29.05
Address 22 E. Mound Street				Purpose Meals								
City Columbus		State O   H		Zip Code 43215		Check Number DC						
To Whom Paid Jane M. O'Shaughnessy						M	D	Y	Amount			
						0	4	2	1	0	9	200.00
Address 256 Piedmont Rd.				Purpose Accounting								
City Columbus		State O   H		Zip Code 43214		Check Number 1162						
To Whom Paid Tigereye Promotions						M	D	Y	Amount			
						0	4	2	2	0	9	446.59
Address 1000 Progress St.				Purpose Media-t-shirts								
City Greenville		State O   H		Zip Code 45331		Check Number DC						

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Marvellen O'Shaughnessy Committee												
To Whom Paid Columbus Clippers						M	D	Y	Amount			
						0	4	2	7	0	9	164.12
Address 330 Huntington Park Lane				Purpose Entertainment								
City Columbus		State O   H		Zip Code 43215		Check Number DC						
To Whom Paid Donatos						M	D	Y	Amount			
						0	5	0	6	0	9	60.49
Address 1095 S. Hamilton Rd.				Purpose Meals								
City Whitehall		State O   H		Zip Code 43227		Check Number DC						
To Whom Paid Coleman for Columbus						M	D	Y	Amount			
						0	6	0	9	0	9	1,000.00
Address 271 E. State Street				Purpose Contribution Fundraising								
City Columbus		State O   H		Zip Code 43215		Check Number 1164						
To Whom Paid Clintonville 4th of July						M	D	Y	Amount			
						0	6	0	9	0	9	500.00
Address 4219 N. High St.				Purpose Contribution								
City Columbus		State O   H		Zip Code 43214		Check Number 1165						
To Whom Paid Human Rights Campaign						M	D	Y	Amount			
						0	6	1	2	0	9	182.25
Address 1640 Rhode Island Ave NW				Purpose Contribution								
City Washington		State D   C		Zip Code 20036		Check Number DC						
To Whom Paid Huntington Park						M	D	Y	Amount			
						0	6	1	6	0	9	125.90
Address 330 Huntington Park Lane				Purpose Food								
City Columbus		State O   H		Zip Code 43215		Check Number DC						
To Whom Paid Subway						M	D	Y	Amount			
						0	6	1	7	0	9	138.00
Address 400 N. High St.				Purpose Food								
City Columbus		State O   H		Zip Code 43215		Check Number DC						
To Whom Paid Donatos #0037						M	D	Y	Amount			
						0	6	1	7	0	9	40.99
Address 280 S. Grant St.				Purpose Food								
City Columbus		State O   H		Zip Code 43215		Check Number DC						