

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Maryellen O'Shaughnessy Committee</b>								
Full Name of Contributor <b>Fraternal Order of Police</b>				Registration Number, if PAC				
Street Address <b>6800 Schrock Hill Ct.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
				0	9	2   5	0   8	500.00
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43229</b>	Form(Cash,Check,etc) <b>check</b>				
Full Name of Contributor <b>Gayle Channing</b>				Registration Number, if PAC				
Street Address <b>164 North Harding Rd.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
				0	9	2   5	0   8	100.00
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43209</b>	Form(Cash,Check,etc) <b>check</b>				
Full Name of Contributor <b>Jack Joseph</b>				Registration Number, if PAC				
Street Address <b>540 N. Samuel Dr.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
				0	9	2   5	0   8	500.00
City <b>Zanesville</b>		State <b>O   H</b>	Zip Code <b>43701</b>	Form(Cash,Check,etc) <b>check</b>				
Full Name of Contributor <b>Rebecca X. Ruan</b>				Registration Number, if PAC				
Street Address <b>5225 Saint Helena St.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
				0	9	2   5	0   8	50.00
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43221</b>	Form(Cash,Check,etc) <b>check</b>				
Full Name of Contributor <b>Angela L. Bosworth</b>				Registration Number, if PAC				
Street Address <b>845 N. High Street Unit 405</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
				0	9	2   5	0   8	250.00
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>check</b>				
Full Name of Contributor <b>Robert C. Carter</b>				Registration Number, if PAC				
Street Address <b>1620 E. Broad Street Ste. 1007</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
				0	9	2   5	0   8	250.00
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43203</b>	Form(Cash,Check,etc) <b>check</b>				
Full Name of Contributor <b>Franklin County Democratic Party</b>				Registration Number, if PAC				
Street Address <b>271 East State Street</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
				0	9	2   5	0   8	9,025.00
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>check</b>				

\* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event  

13,375.00
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Total expenditures this event  

1,367.50
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Page Total \$ 10,675.00