

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

|   |  |                       |   |  |                             |  |                           |
|---|--|-----------------------|---|--|-----------------------------|--|---------------------------|
| Name of Committee in Full<br><b>Maryellen O'Shaughnessy Committee</b> |  |                       |   |  |                             |  |                           |
| Full Name of Contributor<br><b>Andrew Showe</b>                       |  |                       |   |  | Registration Number, if PAC |  |                           |
| Street Address<br><b>45 North Front Street</b>                        |  |                       | Employer/Occupation/Labor Organization* |  |                             | Form (Cash, Check, etc.)<br><b>Check</b> |                           |
| City<br><b>Columbus</b>   |  | State<br><b>O   H</b> | Zip Code<br><b>43215</b>                |  | M<br><b>0</b>               | D<br><b>2</b>                            | Y<br><b>0   2   0   8</b> |
|   |  |                       |   |  |                             |  | Amount<br><b>250.00</b>   |
| 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 |  |                           |
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| City  |  | State                 | Zip Code                                |  | M                           | D  | Y                         |
|   |  |                       |   |  |                             |  | Amount                    |
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|   |  |                       |   |  |                             |  | Amount                    |
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| 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)]