

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Maryellen O'Shaughnessy Committee							
Full Name of Contributor Friends for Ginther					Registration Number, if PAC		
Street Address 405 East Town Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 0 4	D 1 6	Y 0 8	Amount 1,000.00	
Full Name of Contributor Transfer from 31-E; Florentine Restaurant					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
						8,490.00	
Full Name of Contributor Mark Corna					Registration Number, if PAC		
Street Address 2034 Quarry Crest Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43204	M 0 5	D 1 3	Y 0 8	Amount 100.00	
Full Name of Contributor Robert W. Crosby jr.					Registration Number, if PAC		
Street Address 1520 Thurell Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43229	M 0 5	D 1 3	Y 0 8	Amount 30.00	
Full Name of Contributor Joseph C. Blasko					Registration Number, if PAC		
Street Address 1027 Neil Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43201	M 0 5	D 1 3	Y 0 8	Amount 50.00	
Full Name of Contributor Jo Anne St. Claire					Registration Number, if PAC		
Street Address 209 Olentangy St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43202	M 0 5	D 2 0	Y 0 8	Amount 35.00	
Full Name of Contributor Catherine Elkins					Registration Number, if PAC		
Street Address 392 Crestview Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43202	M 0 5	D 2 0	Y 0 8	Amount 50.00	
Full Name of Contributor Timothy Burga					Registration Number, if PAC		
Street Address 6682 Meadow Glen		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Westerville	State O H	Zip Code 43082	M 0 5	D 2 0	Y 0 8	Amount 50.00	

* 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)]