

Event Date	#####
Page	_____

# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full							
O'Shaughnessy Committee							
To Whom Paid				M	D	Y	Amount
Little Palace				0	9	28	98.45
Address		Purpose					
240 South 4th Street		Food					
City		State		Zip Code		Check Number	
Columbus		OH		43215		DC	
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	
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	

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$	98.45
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