

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Maryellen O'Shaughnessy Committee											
To Whom Paid David Black				M	D	Y	Amount				
				0	7	2	5	0	8	200.00	
Address 1480 Dublin Road			Purpose reimburse postage								
City Columbus		State O H		Zip Code 43215		Check Number 1851					
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.