

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 Seth Josolowitz					M	D	Y	Amount	
					0	7	3	1	110.89
Address 141 W. Longview			Purpose reimburse postage						
City Columbus		State O H	Zip Code 43202	Check Number 1083					
To Whom Paid Triumph Communications					M	D	Y	Amount	
					0	9	0	2,127.00	
Address 1480 Dublin Road			Purpose fundraising						
City Columbus		State O H	Zip Code 43215	Check Number 1050					
To Whom Paid Seventh Son Brewing Co.					M	D	Y	Amount	
					0	8	1	91.35	
Address 1101 N. 4th St			Purpose Food						
City Columbus		State O H	Zip Code 43201	Check Number 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					

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.