Event Date	6/3/08
Page	1

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

	***************************************	towards with the same				***************************************		
Name of Committee in Full								
Maryellen O'Shaughnessy Committee	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN T	******	L	-		***************************************	T	
To Whom Paid				M	D	Y	Amount	4500
MoJoe Lounge	0 6 0 3 0 8 178.26							178.26
	Purpose							
600 N. High Street			everages	le:				
City	State Zip Code			Check 1	Number			
Columbus	0	H	43215	1.7	1840		Amount	100
To Whom Paid		M	D	Y	Amount	103.74		
Cap City Direct	Tp			0 6	0 5	0 8		103.74
Address	Purpose							
3242 E. 11th Ave	Maili		Zip Code	Check!	Number			
Columbus	1 .	ate H	2ip Code 43219	J. Ieck	1842	ı		
Columbus	0	1.1	せいてエン	М	1042 D	Y	Amount	
To Whom Paid David Black				1	0 5	l .	l .	90.00
David Black Address	Purpose			1010	1010	1010	1	,0.00
1480 Dublin Road		reimburse postage						
City	Sta		Zip Code	Check	Number			
Columbus	0	H	43215		1843	;		
To Whom Paid	<u> </u>			М	D	Y	Amount	
Address	Purpose)						
								MACAGAN TO THE STATE OF THE STA
City	Sta	ate	Zip Code	Check Number				
To Whom Paid				М	D	Y	Amount	
Address	Purpose							
City	State		Zip Code	Check	Check Number			
				, ,,		1 1/	Amount	
To Whom Paid				M	D	Y	Amount	
	Tp :							
Address	Purpose	Ç						
City	State Zip Code Check Number							
City	l st			SHOOK				
To Whom Paid				М	D	ΙΥ	Amount	
TO WHICH I AIG								
Address	Purpose							
City	St	tate	Zip Code	Check	Number	•		
		4			***************************************	THE PROPERTY OF THE PARTY OF TH	The state of the s	The second secon

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 \$	372.00
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