

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 MoJoe Lounge				M 0	D 6	Amount 178.26
Address 600 N. High Street		Purpose Food and beverages				
City Columbus	State O	H H	Zip Code 43215	Check Number 1840		
To Whom Paid Cap City Direct				M 0	D 6	Amount 103.74
Address 3242 E. 11th Ave		Purpose Mailing				
City Columbus	State O	H H	Zip Code 43219	Check Number 1842		
To Whom Paid David Black				M 0	D 6	Amount 90.00
Address 1480 Dublin Road		Purpose reimburse postage				
City Columbus	State O	H H	Zip Code 43215	Check Number 1843		
To Whom Paid				M	D	Amount
Address		Purpose				
City	State	H	Zip Code	Check Number		
To Whom Paid				M	D	Amount
Address		Purpose				
City	State	H	Zip Code	Check Number		
To Whom Paid				M	D	Amount
Address		Purpose				
City	State	H	Zip Code	Check Number		
To Whom Paid				M	D	Amount
Address		Purpose				
City	State	H	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.