

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 Joselowitz						M 0	D 1	Y 3	Amount 90.00
Address 70 W. California			Purpose reimburse postage						
City Columbus		State O	H	Zip Code 43202	Check Number 1046				
To Whom Paid Triumph Communications						M 0	D 2	Y 1	Amount 2,165.00
Address 1480 Dublin Road			Purpose fundraising						
City Columbus		State O	H	Zip Code 43215	Check Number 1050				
To Whom Paid Tony's Inc						M 0	D 2	Y 1	Amount 928.48
Address 16 W. Beck St.			Purpose Food						
City Columbus		State O	H	Zip Code 43215	Check Number 1051				
To Whom Paid Seth Joselowitz						M 0	D 2	Y 1	Amount 4.80
Address 70 W. California			Purpose reimburse postage						
City Columbus		State O	H	Zip Code 43202	Check Number 1052				
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.