

Event Date	#####
Page	

# 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				M	D	Y
Hoof Hearted Brewpub				0	7	1
Address				Amount		
850 N 4th St				322.75		
City		State	Zip Code	Check Number		
Columbus		O H	43215	DC		
To Whom Paid				M	D	Y
Address				Amount		
Purpose						
City		State	Zip Code	Check Number		
To Whom Paid				M	D	Y
Address				Amount		
Purpose						
City		State	Zip Code	Check Number		
To Whom Paid				M	D	Y
Address				Amount		
Purpose						
City		State	Zip Code	Check Number		
To Whom Paid				M	D	Y
Address				Amount		
Purpose						
City		State	Zip Code	Check Number		
To Whom Paid				M	D	Y
Address				Amount		
Purpose						
City		State	Zip Code	Check Number		
To Whom Paid				M	D	Y
Address				Amount		
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.