3	1-	F		
R	C.	35	17.	10

Event Date	######
Page	

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full		-					
O'Shaughnessv Committee							
To Whom Paid		 	M	D	γ.	Amount	
Hoof Hearted Brewpub			0 7	1	1		322.75
Address	Purpose		10 /	<u> </u>	1 0	I	322,73
850 N 4th St	Food						
City	State Zip Code Check Number						
Columbus	ОН	43215		DC			
To Whom Paid	10	1.02.13	M	D	Y	Amount	
Address	Purpose			<u> </u>			
City	State	Zip Code	Check :	Vember	••		
To Whom Paid		<u> </u>	M	D	Y	Amount	
Address	Purpose			<u> </u>	1	1	<u> </u>
	•						
City	State	Zip Code	Check ?	lumber			
To Whom Paid	·	•	M	D	Y	Amount	
Address	Purpose			·			
City	State	Zip Code	Check 1	Check Number			
To Whom Paid			M	Ð	Y	Amount	
Address	Purpose						
City	State	Zip Code	Check Number				
To Whom Paid			М	D	Y	Amount	
		 			<u> </u>	<u> </u>	
Address	Purpose						
	<u> </u>					•	
City	State	Zip Code	Check N	umber			
g. 1/8' - 2 '-)	<u> </u>	1	.	1 ~			
To Whom Paid			M	D	Y	Amount	
	In	· <u>-</u>					
Address	Purpose						
Cin.	· · · · ·	Zin Code	Ich 1 ·	J			
City	State	Zip Code	Check N	umber			
	[Į.	ı				

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 \$	322.75
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