

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full O'Shaughnessy Committee							
To Whom Paid Breathing as One				M 0	D 4	Y 1 0 1 5	Amount 85.00
Address 1750 Courtwood Crescent		Purpose Contribution					
City Ottawa	State O N	Zip Code K2C 2B5	Check Number DC				
To Whom Paid Abuelos				M 0	D 4	Y 1 7 1 5	Amount 35.73
Address 3950 Gramercy St.		Purpose Meals					
City Columbus	State O H	Zip Code 43219	Check Number DC				
To Whom Paid Chase Bank				M 0	D 4	Y 3 0 1 5	Amount 14.00
Address PO Box 659754		Purpose Bank Fee					
City San Antonio	State T X	Zip Code 78265	Check Number				
To Whom Paid Chase Bank				M 0	D 5	Y 2 9 1 5	Amount 14.00
Address PO Box 659754		Purpose Bank Fee					
City San Antonio	State T X	Zip Code 78265	Check Number				
To Whom Paid Chase Bank				M 0	D 6	Y 3 0 1 5	Amount 14.00
Address PO Box 659754		Purpose Bank Fee					
City San Antonio	State T X	Zip Code 78265	Check Number				
To Whom Paid				M 1	D 1	Y	Amount
Address		Purpose					
City	State 1	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State 1	Zip Code	Check Number				
To Whom Paid				M 1	D	Y	Amount
Address		Purpose					
City	State 1	Zip Code	Check Number				