

## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Maryellen O'Shaughnessy Committee</b>							
To Whom Paid <b>David Black</b>				M <b>0</b>	D <b>7</b>	Y <b>2</b>	Amount <b>200.00</b>
Address <b>1480 Dublin Road</b>		Purpose <b>reimburse postage</b>					
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43215</b>	Check Number <b>1851</b>			
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			
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.