31-F R.C. 3517.10

Event Date	#######
Page	

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full	<u> </u>						
O'Shaughnessy Committee To Whom Paid				1 5		Τ.	
			M	D	Y	Amount	
Little Palace	lo.		[0 9	2 8	1 6	.L	98.45
Address	Ригрозе						
240 South 4th Street	Food		Check 3	<u></u>			
City	l	State Zip Code					
Columbus	O H	43215		DC			
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	State Zip Code					
To Whom Paid		•	М	D	Y	Amount	
Address	Purpose					<u> </u>	
City	State	Zip Code	Check Number				
To Whom Paid	.		M	D	Y	Amount	
Address	Purpose		ľ		1		_
City	State	State Zip Code					
To Whom Paid			M	D	Y	Amount	
Address	Purpose		<u> </u>	٠	<u> </u>	1	
City	State	Zip Code	Check ?	Vumber			
To Whom Paid	· · · · · · · · · · · · · · · · · · ·		M	D	Y	Amount	
					Ì		
Address	Purpose			<u></u>	1	L	
City	State	Zip Code	Check ?	Number			
		r					

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 S	98 45
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