

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Maryellen O'Shaughnessy							
To Whom Paid Due Amici				M 0	D 9	Y 2	Amount 1,367.50
Address 67 E. Gay Street		Purpose Food and beverages					
City Columbus	State O	Zip Code 43214	Check Number 1863				
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.

Page Total \$ 1,367.50