

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full O'Shaughnessy Committee							
To Whom Paid Barley's Brewing Co.				M 0	D 8	Y 0	Amount 532.30 ✓
Address 467 N. High St.		Purpose Food and drinks					
City Columbus		State O	H H	Zip Code 43215	Check Number DC		
To Whom Paid Triumph Communications				M 0	D 9	Y 1	Amount 551.00 ✓
Address 1480 Dublin Rd.		Purpose Fundraising expense					
City Columbus		State O	H H	Zip Code 43215	Check Number Counter		
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.