

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Maryellen O'Shaughnessy Committee								
To Whom Paid Plank's Bier Garten					M 0	D 2	Y 0	Amount 200.00
Address 1888 South High Street		Purpose facility rental deposit						
City Columbus		State O H	Zip Code 43206		Check Number 1816			
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.