Event Date	3/12/08
Page	1

## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full							
Maryellen O'Shaughnessy Comr	nittee						
To Whom Paid			М	D	Y	Amount	
Plank's Bier Garten			0	3 1 2	2 0 8	<u> </u>	450.00
Address	Purpose						
1888 South High Street		Food and beverages State   Zip Code   Check Number					
City	1 .	State Zip Code					
Columbus	0	H 432		182			
To Whom Paid			M	D	Y	Amount	
Address	Purpose				I		
City	State	State Zip Code Check Number					
To Whom Paid			M	D	Y	Amount	
Address	Purpose		ł l				
City	State	Zip Code	Cha	ck Numbe		+	
City	State	Zip Code	Cile	ck Numbe	•		
To Whom Paid	•		М	D	Y	Amount	
Address	Purpose	Purpose				1.	
City	State	Zip Code	Che	Check Number			
					_		
To Whom Paid			M	D	Y	Amount	
Address	Purpose	Purpose				1	
City	State	State Zip Code Check Number					
To Whom Paid			M	D	Y 	Amount	
Address	Purpose		II	1 1	1 1		
City	State	State Zip Code Check Number		r			
To Whom Paid			М	D	Y	Amount	
Address	Purpose					1.	
City	State	Zip Code	Che	ck Numbe	r		
		1					

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 \$	450.00
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