

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 3	Y 1	Amount 450.00
Address 1888 South High Street				Purpose Food and beverages					
City Columbus				State O	H H	Zip Code 43206	Check Number 1822		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	H	Zip Code	Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	H	Zip Code	Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	H	Zip Code	Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	H	Zip Code	Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	H	Zip Code	Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	H	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.