31-F R.C. 3517.10

Event Date	6/14/11
Page	

## 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			М	D '	Amount	-		
Columbus Brewing Company			0 6	1 4 1	1	375.59		
Address	Purpose							
525 Short Street	Food and drink State Zip Code Check Number							
City	State	Check Number						
Columbus	O   H	43215		DC				
To Whom Paid			M	D ,	Y Amount			
Address	Purpose							
City	State	Zip Code	Check Nur	mber				
To Whom Paid			М	D ,	Amount			
				1				
Address	Purpose							
City	State	Zip Code	Check Nur	nber				
To Whom Paid			M	D ,	Y Amount			
					1			
Address	Purpose							
City	State	Zip Code	Check Nur	nber				
To Whom Paid			М	0	Y Amount			
Address	Purpose	Purpose						
	•							
City	State Zip Code			nber				
To Whom Paid		· · · · · · · · · · · · · · · · · · ·	М	D	Y Amount			
Address	Purpose				·			
City	State	State Zip Code			Check Number			
To Whom Paid	1	<del>_</del>	M	D	Y Amount			
Address	Purpose			· · · · · · · · · · · · · · · · · · ·				
City	State	Zip Code	Check Nu	mber				
<u> </u>	· · · · · ·							

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.