Event Date	4/29/08
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 Committee					<del>Juneanium in in i</del>		
To Whom Paid			М	D	Y	Amount	
Florentine Restaurant			0 4	2 9	0 8		720.43
Address	Purpose						
907 W. Broad Street	Food and	beverages					
City	State	Check N	Number				
Columbus	O   H   43215			1834			
To Whom Paid			М	D	Y	Amount	
Address	Purpose				1		
City	State	Zip Code	Check 1	Number			
To Whom Paid			М	D	Y	Amount	
· · · · · · · · · · · · · · · · · · ·						REAL PROPERTY OF THE PROPERTY	
Address	Address Purpose						
City	State	Zip Code	Check I	Number			
		'					
To Whom Paid			М	D	Υ	Amount	
10 Whom I wo							
Address	Purpose				<u></u>	<u> </u>	
Muuless	l'aiposo						
City	State	Zip Code	Check	Number			
City	Julio		0001				
To Whom Paid			M	D	Y	Amount	
TO WHOTH FAIG			"1				
Address	Purpose						
Address	l aibose						
Ch.	Ctate	State Zip Code					
City	State	Zip Code	Check	Number			
			М	D	Y	Amount	
To Whom Paid					'	, anoune	
	D						
Address	Purpose						
		7:- C- 1-	l Chl ·	Ni maia c			
City	State	State Zip Code		Check Number			
					T	A	
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.

Page Total \$	720.43
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