

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 Florentine Restaurant				M 0	D 4	Y 2	Amount 720.43
Address 907 W. Broad Street		Purpose Food and beverages					
City Columbus	State O	H H	Zip Code 43215	Check Number 1834			
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.

Page Total \$ 720.43