31-F R.C. 3517,10

Event Date	#######
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			M	D	Y	Amount	
Basi Italia			l l	2 7	1	l l	639.82
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811 Highland St.	Food						
City	State Zip Code Check Number						
Columbus	O H 43215 DC						
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				1	}		
Address	Purpose		!		<u> </u>		
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Address	Purpose	<u> </u>					
City	State	Zip Code	Check Number				
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City	State	Zip Code	Check N	lumber			
		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 S	639.82
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