Event Date <u>12/1/10</u>	
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	Y	Amount		
Shamrock Club		0 4	2 4	1 2		532.50		
Address	Purpose	Purpose						
60 West Castle Rd	rental and	rental and bar						
City	State	Check Number						
Columbus	ОН	43207		1022	<u>)</u>			
To Whom Paid			М	D	Y	Amount	_	
Jane M. O'Shaughnessy			0 4	216	$ _{1 _2}$	1	187.26	
Address	Purpose	Purpose			1		107.20	
256 Piedmont Rd.	1	reimburse postage and supplies						
City 250 Field Hotel Het.	State	Zip Code	Check Number			124	٠.	
Columbus	ОН	1	CHOCK	1023	,	Š.		
To Whom Paid	U : 11	40214	м	1023	)   Y	Amount		
			F	1		4=0.00		
Hilda Doyle Address	Burnana	<u></u>	0 4	2 7	1 2	<u> </u>	150.00	
		Purpose						
5732 McNeven Ct.		entertainment State Zip Code Check Number						
	State	Zip Code	Check I			ű.		
Dublin	O H	43017		1024	_	Partie	<u> </u>	
To Whom Paid			M	D .	Y	Amount		
<u> </u>								
Address	Purpose	Purpose						
	<u> </u>							
City	State	Zip Code	Check Number		A 2			
To Whom Paid			М	Ð	Υ	Amount		
Address	Purpose							
City	State	Zip Code	Check Number					
To Whom Paid		<u></u>	- м	D	ΙΥ	Amount		
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Address	Purpose	••••••••••••••••••••••••••••••••••••••				L		
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City	State	Zio Codo	lchi-	Maria de la cons				
City	state :	State Zip Code		Check Number				
7 Mg 5-01					,			
To Whom Paid			М.	D .	Y	Amount		
		. <u>.</u>						
Address	Purpose							
City	State	State Zip Code		Check Number			•	
			İ			Car.		

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.