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			М	Ð	Y	Amount	
Seventh Son Brewing Co.			0 8	1 2	1 5		137.88
Address	Purpose						
1101 N. 4th St	Food					:	
City	State	Zip Code	Check N	umber			
Columbus	ОН	43201		DC			
To Whom Paid	0 11	40201	M	D	Y	Amount	
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Triumph Communications Address	In		0 8	1 8	1 5		1,069.50
	Purpose						
1480 Dublin Road	fundraising						
City	State	State Zip Code Check Number					
Columbus	<u>O</u> H	43215	1	1095			
To Whom Paid			М	D	Y	Amount	
Address	Purpose			1	·		
City	State	Zip Code	Check N	lumber			
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10 whom Paig			M	D	Y	Amount	
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To Whom Paid	•		М	D	Ý	Amount	
Address	Purpose		J	!	<u> </u>		
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City	State Zip Code Check Number						
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To Whom Paid			М	D	Y	Amount	
Address	Purpose						·
City	State Zip Code		Check Number			* *	
To Whom Paid		<u> </u>	М	D	Y	Amount	
Address	Purpose		L				
·	Тагрозс						
Cim	6	2: 0.1	C1				
City	State	Zip Code	Check Number				
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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.