

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 Seventh Son Brewing Co.				M 0 8	D 1 2	Y 1 5	Amount 137.88
Address 1101 N. 4th St		Purpose Food					
City Columbus		State O H	Zip Code 43201	Check Number DC			
To Whom Paid Triumph Communications				M 0 8	D 1 8	Y 1 5	Amount 1,069.50
Address 1480 Dublin Road		Purpose fundraising					
City Columbus		State O H	Zip Code 43215	Check Number 1095			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
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.