

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 Tony's Italian Restaurant					M 0	D 1	Y 1	Amount 743.33
Address 16 West Beck St		Purpose Food						
City Columbus		State O H	Zip Code 43215		Check Number 1105			
To Whom Paid Seth Joselowitz					M 0	D 1	Y 1	Amount 147.00
Address 1480 Dublin Road		Purpose fundraising						
City Columbus		State O H	Zip Code 43215		Check Number 1106			
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.