Event Date	######
Page	

## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full	<u> </u>	-				<del></del>	
O'Shaughnessy Committee							
To Whom Paid	"		M	D	Y	Amount	
Tonv's Italian Restaurant			0 1				743.33
Address	Purpose	<u> </u>	[0.1		110		743.33
16 West Beck St	Food						
City	State Zip Code Check Number						
Columbus	О'Н		1105				
To Whom Paid	10 11	10,215	M	D	Y	Amount	
Seth Josolowitz			0 1		1 6		147.00
Address	Purpose			1	71 1 0	1	117.00
1480 Dublin Road	fundraisi	fundraising					
City	State	Zip Code	Check Number				
Columbus	ОН	43215		1106	5		
To Whom Paid		<u> </u>	М	D	Y	Amount	_
			1	,	1	<u> </u>	
Address	Purpose		I		<u> </u>	1	
City	State	Zip Code	Check l	Number			
	,						
To Whom Paid			М	D	Y	Amount	
Address	Purpose		•		•		
City	State	Zip Code	Check ?	Check Number			
To Whom Paid		•	М	D	Y	Amount	
		<del></del>		<u> </u>			
Address	Purpose	Purpose					
City	State	Zip Code	Check Number				
T. 100 D.: (				T ==	T		
To Whom Paid			М	D	Y	Amount	
\$ <b>11</b>	In				<u> </u>	L	
Address	Purpose						
City	State	Zip Code	ICharl. N	1b			
Cay	State	Zip Code	Clieck ?	Check Number			
To Whom Paid			M	D	Y	Amount	
			'''		'	, 4100011	
Address	Purpose		<u> </u>	<u> </u>	<u></u>	<u> </u>	
City	State	Zip Code	Check 1	Number	<del></del>		
		'					
<u> </u>		_L					

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	890.33
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