

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			M	D	Y	Amount
Land-Grant Brewing Company			0 2	0 7	1 8	115.68
Address		Purpose				
424 W Town Street		Venue and food for fundraisers				
City	State	Zip Code	Check Number			
Columbus	O H	43214	DC			
To Whom Paid			M	D	Y	Amount
Triumph Communications			0 2	2 2	1 8	937.50
Address		Purpose				
1480 Dublin Road		Fundraising				
City	State	Zip Code	Check Number			
Columbus	O H	43215	1146			
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.

Page Total \$ 1,053.18