

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Marvellen O'Shaughnessy												
To Whom Paid Christine Emch Thompson						M	D	Y	Amount			
						0	6	2	1	1	3	100.00
Address 373 South High				Purpose reimburse staff outing								
City Columbus				State O H		Zip Code 43215		Check Number 1064				
To Whom Paid Chase Bank						M	D	Y	Amount			
						0	6	2	8	1	3	14.00
Address PO Box 659754				Purpose bank fees								
City San Antonio				State T X		Zip Code 78265		Check Number eft				
To Whom Paid Transfer from 31-F Tony's						M	D	Y	Amount			
						0	1	2	9	1	3	3,188.28
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				