

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full McGRADY FOR REYNOLDSBURG COUNCIL-AT-LARGE					
To Whom Paid SAMS CLUB		M	D	Y	Amount \$13.62
Address		Purpose CHAFIN FUEL			
City REYNOLDSBURG	State OH	Zip Code 43068	Check Number		
To Whom Paid KROGER		M	D	Y	Amount \$28.67
Address 7000 E. BROAD ST		Purpose ICE			
City REYNOLDSBURG	State OH	Zip Code 43068	Check Number		
To Whom Paid STAPLES		M	D	Y	Amount \$13.72
Address 2321 TAYLOR PARK DR		Purpose NAME BADGES, RECEIPT BOOK			
City REYNOLDSBURG	State OH	Zip Code 43068	Check Number		
To Whom Paid		M	D	Y	Amount
Address		Purpose			
City	State OH	Zip Code	Check Number		
To Whom Paid		M	D	Y	Amount
Address		Purpose			
City	State OH	Zip Code	Check Number		
To Whom Paid		M	D	Y	Amount
Address		Purpose			
City	State OH	Zip Code	Check Number		
To Whom Paid		M	D	Y	Amount
Address		Purpose			
City	State OH	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.