Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full					
Friends of O'Grady Committee					

To Whom Paid		M	D	Y	Amount
Integrity		1 0	3 0	0 7	545.49

Address	Purpose
3333 Everson rd. W.	Save The Date Postcards for Fall Dinner

City	State	Zip Code	Check Number	
Columbus	O | H	43232	2316	

To Whom Paid		M	D	Y	Amount
Confluence Park Restaurant		1 2	0 4	0 7	5,643.09

Address	Purpose
679 W. Spring St.	Fall Dinner 11/27/07

City	State	Zip Code	Check Number	
Columbus	O | H	43215	2322	

To Whom Paid		M	D	Y	Amount
Integrity		1 1	1 2	0 7	425.29

Address	Purpose
3333 Everson rd. W.	Fall dinner Invitations

City	State	Zip Code	Check Number	
Columbus	O | H	43232	2320	

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 $ _6,613.87_