

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 USPS						M 0	D 2	Y 0	Amount 49.14
Address		Purpose Postage Expense for Mailings							
City		State	Zip Code	Check Number		Debit			
To Whom Paid Grandview Café						M 0	D 3	Y 1	Amount 598.34
Address		Purpose St. Patrick's Fundraiser							
City Columbus		State O H	Zip Code 43212	Check Number		Debit			
To Whom Paid CVS						M 0	D 3	Y 1	Amount 88.19
Address 3883 Park Millrun Dr.		Purpose St. Patrick's Mailing Envelopes							
City Hilliard		State O H	Zip Code	Check Number		Debit			
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	Zip Code	Check Number		Debit			
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	Zip Code	Check Number		Debit			
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	Zip Code	Check Number		Debit			
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	Zip Code	Check Number		Debit			

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.