

Event Date	<u>1/27/10</u> #####
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Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full FRIENDS OF JOHN O'GRADY								
To Whom Paid CONFLUENCE PARK					M 0	D 1	Y 2	Amount 1,362.97
Address 679 WEST SPRING ST		Purpose ROOM/FOOD						
City COLUMBUS		State O	H H	Zip Code 43215	Check Number DEBIT			
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			
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 \$	<u>1,362.97</u>
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