Event Date	12/5/2006
Page	1

## 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			
Confluence Park Restaurant			0 2	0 6	0 7		8,480.47		
Address	Purpose								
679 W Spring St	Fall Dinr	ner - Fundraiser							
City	State	Zip Code	Check 1	Number					
Columbus	∣о∣н	O H 43215							
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A 33	Burnosa			<u> </u>					
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Address	Purpose								
City	State	State Zip Code		Check Number					
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Address	Purpose								
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Address	Purpose			<u> </u>		•			
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411	D					<u>.</u>			
Address	Purpose								
<u></u>		la: o i	·						
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 \$\_8,480.47