

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 US Postmaster				M	D	Y	Amount
				0	9	1	390.00
Address		Purpose Fall Dinner Mailings Postage					
City	State	Zip Code	Check Number				
Columbus	O H	43215	2310				
To Whom Paid Confuence Park Restaurant				M	D	Y	Amount
				0	9	0	700.00
Address 679 W. spring St.		Purpose Fall Dinner 11/27					
City	State	Zip Code	Check Number				
Columbus	O H	43215	2308				
To Whom Paid US Postmaster				M	D	Y	Amount
				1	1	0	36.90
Address		Purpose Fall Dinner Mailings Postage					
City	State	Zip Code	Check Number				
Columbus	O H	43215	debit				
To Whom Paid Staples				M	D	Y	Amount
				1	1	0	107.95
Address 3939 Trueman Blvd.		Purpose Envelopes for Fall Dinner Mailings					
City	State	Zip Code	Check Number				
Hilliard	O H	43026	debit				
To Whom Paid Staples				M	D	Y	Amount
				1	1	0	90.20
Address 3939 Trueman Blvd.		Purpose Envelopes for Fall Dinner Mailings					
City	State	Zip Code	Check Number				
Hilliard	O H	43026	debit				
To Whom Paid US Postmaster				M	D	Y	Amount
				1	1	0	44.28
Address 4000 Leap Rd.		Purpose Postage for Fall Dinner Mailings					
City	State	Zip Code	Check Number				
Hilliard	O H	43026	debit				
To Whom Paid Kroger				M	D	Y	Amount
				1	1	0	278.80
Address 4656 Cemetery Rd.		Purpose Postage for Fall Dinner Mailings					
City	State	Zip Code	Check Number				
Hilliard	O H	43026	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.