

Event Date	<u>1-29-09</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 ZUPPA CATERING					M	D	Y	Amount
					0	1	3	0
					0	0	9	2,793.01
Address 3051 NORTHWEST BLVD		Purpose FUNDRAISER 1/29/09 FOOD						
City COLUMBUS	State O	H	Zip Code 43221	Check Number DEBIT				
To Whom Paid CLICK N PLEDGE					M	D	Y	Amount
					0	2	2	0
					0	0	9	50.45
Address		Purpose ONLINE CONTRIBUTION FEE						
City	State		Zip Code	Check Number				
To Whom Paid CLICK N PLEDGE					M	D	Y	Amount
					0	2	2	5
					0	0	9	14.80
Address		Purpose ONLINE CONTRIBUTION FEE						
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>2,858.26</u>
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