

Event Date	6/26/08 #####
Page	1

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 CAP CITY DIRECT LLC					M	D	Y	Amount
					0	6	1	1,752.58
Address 3242 E 11TH AVE		Purpose POSTAGE/MAIL SERVICE						
City Columbus	State O	Zip Code H 43216	Check Number 2422					
To Whom Paid CLICKNPLEDGE					M	D	Y	Amount
					0	6	2	9.60
Address		Purpose ONLINE CONTRIBUTION FEES						
City	State	Zip Code	Check Number AUTO					
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 \$	1,762.18
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