

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 SHAMROCK CLUB OF COLUMBUS					M 0	D 3	Y 0	Amount 1,777.75
Address 60 WEST CASTLE RD		Purpose RENTAL/BAR/FOOD						
City COLUMBUS		State O H	Zip Code 43207		Check Number DEBIT			
To Whom Paid GFS MARKETPLACE					M 0	D 3	Y 0	Amount 268.98
Address 1935 HILLIARD ROME RD		Purpose FOOD						
City HILLIARD		State O H	Zip Code 43026		Check Number DEBIT			
To Whom Paid CLICKNPLEDGE					M 0	D 3	Y 0	Amount 58.18
Address		Purpose ONLINE CONTRIBUTION FEE						
City		State	Zip Code		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			

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.