31-F R.C. 3517.10

| Event Date | 8/5/2010 |
|------------|----------|
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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              |               |                             | М        | D            | Y                                      | Amount   | •           |  |
| HOLE IN ONE INT'L         |               |                             | 0 7      | 0 6          | 1 0                                    |          | 632.00      |  |
| Address                   | Purpose       |                             |          |              |  |          |             |  |
|                           | GOLF OL       | JTING PRIZE                 |          |              |  |          |             |  |
| City                      |               |                             |          | Check Number |  |          |             |  |
| T *                       | N V           | I .                         |          |              | т                                      |          |             |  |
| To Whom Paid              | 1/1/1/        | <u> </u>                    | M        | DEBI<br>I d  | Y                                      | Amount   |             |  |
| TO WIGHT FAIR             |               |                             | , , , ,  | "            | '.                                     | Alloun   |             |  |
|                           | <del>-γ</del> |                             |          |              | <u> </u>                               | <u> </u> |             |  |
| Address                   | Purpose       |                             |          |              |  |          |             |  |
|                           |               |                             |          |              |  |          |             |  |
| City                      | State         | Zip Code                    | Check N  | iumber       |  |          |             |  |
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| To Whom Paid              |               |                             | М        | D            | Ÿ                                      | Amount   |             |  |
|                           |               |                             |          |              |  |          |             |  |
| Address                   | Purpose       | <del>-</del> · ·            |          | <u> </u>     | <del></del>                            | <u> </u> |             |  |
|                           |               |                             |          |              |  |          |             |  |
| City                      | State         | Zip Code                    | Check N  | √umber       |  |          |             |  |
| 5.19                      | i             | is possible                 |          |              |  |          |             |  |
| To Whom Paid              |               |                             | М        | l n          | 1 v                                    | Amount   |             |  |
| TO WROTH FAIL             |               |                             | I WI     | D            | Y                                      | ATHOUGH  |             |  |
|                           |               |                             |          | <u> </u>     | ــــــــــــــــــــــــــــــــــــــ | <u> </u> |             |  |
| Address                   | Purpose       |                             |          |              |  |          |             |  |
|                           |               |                             |          |              |  |          |             |  |
| City                      | State         | Zip Code                    | Check N  | Check Number |  |          |             |  |
|                           |               |                             |          |              |  |          |             |  |
| To Whom Paid              |               |                             | М        | D            | Y                                      | Amount   | · • • · · · |  |
|                           |               |                             |          | 1 :          | 1                                      |          |             |  |
| Address                   | Purpose       |                             | <u> </u> | <u> </u>     |  | <u> </u> |             |  |
|                           | ]             |                             |          |              |  |          |             |  |
| City                      | State         | Zip Code                    | Check N  | Jumber       |  |          |             |  |
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| To Whom Paid              |               |                             |          | D            | T V                                    | Amount   |             |  |
| 10 Wildin Faid            |               |                             | M        |              | Y                                      | Amount   |             |  |
|                           | T             | <u></u>                     |          | <u> </u>     |  | <u> </u> |             |  |
| Address                   | Purpose       |                             |          |              |  |          |             |  |
|                           | <u> </u>      |                             |          |              |  |          |             |  |
| City                      | 1             | State Zip Code Check Number |          |              | 4                                      |          |             |  |
|                           |               |                             | ]        |              |  |          |             |  |
| To Whom Paid              |               |                             | М        | D            | Y                                      | Amount   |             |  |
|                           |               |                             |          | 1            | į                                      |          |             |  |
| Address                   | Purpose       |                             | J        |              |  |          |             |  |
|                           | ì             |                             |          |              |  |          |             |  |
| City                      | State         | Zip Code                    | Check N  | lumber       | · · · · · · · · · · · · · · · · · · ·  |          |             |  |
|                           | 1             |                             | i        |              |  |          |             |  |
|                           |               |                             | L        |              |  | **       |             |  |

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 \$ | 632.00 |
|---------------|--------|
|---------------|--------|