

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 0 9	D 1 1	Y 0 7	Amount 390.00
Address		Purpose Fall Dinner Mailings Postage					
City Columbus		State O H	Zip Code 43215	Check Number 2310			
To Whom Paid Confuence Park Restaurant				M 0 9	D 0 4	Y 0 7	Amount 700.00
Address 679 W. spring St.		Purpose Fall Dinner 11/27					
City Columbus		State O H	Zip Code 43215	Check Number 2308			
To Whom Paid US Postmaster				M 1 1	D 0 9	Y 0 7	Amount 36.90
Address		Purpose Fall Dinner Mailings Postage					
City Columbus		State O H	Zip Code 43215	Check Number debit			
To Whom Paid Staples				M 1 1	D 0 3	Y 0 7	Amount 107.95
Address 3939 Trueman Blvd.		Purpose Envelopes for Fall Dinner Mailings					
City Hilliard		State O H	Zip Code 43026	Check Number debit			
To Whom Paid Staples				M 1 1	D 0 3	Y 0 7	Amount 90.20
Address 3939 Trueman Blvd.		Purpose Envelopes for Fall Dinner Mailings					
City Hilliard		State O H	Zip Code 43026	Check Number debit			
To Whom Paid US Postmaster				M 1 1	D 0 3	Y 0 7	Amount 44.28
Address 4000 Leap Rd.		Purpose Postage for Fall Dinner Mailings					
City Hilliard		State O H	Zip Code 43026	Check Number debit			
To Whom Paid Kroger				M 1 1	D 0 3	Y 0 7	Amount 278.80
Address 4656 Cemetery Rd.		Purpose Postage for Fall Dinner Mailings					
City Hilliard		State O H	Zip Code 43026	Check Number 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.