Event Date	#######
Page	1

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	······································		T V I B I V I A			
To Whom Paid			M D Y Amount	200.00		
US Postmaster			0 9 1 1 0 7	390.00		
Address	Purpose					
	Fall Dinne	r Mailings Posta	age			
City	State	Zip Code	Check Number			
Columbus	OH	43215	2310			
To Whom Paid			M D Y Amount			
Confuence Park Restaurant			0 9 0 4 0 7	700.00		
Address	Purpose	· · · · · · · · · · · · · · · · · · ·				
679 W. spring St.	Fall Dinne	r 11 / 27				
City		Zip Code	Check Number			
Columbus	ОН	43215	2308			
To Whom Paid	10 11	40210	M D Y Amount			
				26.00		
US Postmaster Address	Гр		1 1 0 9 0 7	36.90		
Address	Purpose	3.6.00		:		
		Fall Dinner Mailings Postage				
City		Zip Code	Check Number			
Columbus	OH	43215	debit			
To Whom Paid			M D Y Amount			
Staples			1 1 0 3 0 7	107.95		
Address	Purpose					
3939 Trueman Blvd.	Envelopes	Envelopes for Fall Dinner Mailings				
City	State	Zip Code	Check Number			
Hilliard	ОН	43026	debit			
To Whom Paid		10020	M D Y Amount			
Staples			1 1 0 3 0 7	90.20		
Address	Purpose		1110307	90.20		
		Envelopes for Fall Dinner Mailings				
3939 Trueman Blvd.		Zip Code				
			Check Number			
Hilliard	OH	43026	debit			
To Whom Paid			M D Y Amount			
US Postmaster			1 1 0 3 0 7	44.28		
Address	Purpose					
4000 Leap Rd.	Postage fo	r Fall Dinner M	ailings			
City	State	Zip Code	Check Number			
Hilliard	OH	43026	debit			
To Whom Paid			M D Y Amount			
Kroger			1 1 0 3 0 7	278.80		
Address	Purpose		12121010171	2,0.00		
4656 Cemetery Rd.	1 '	Postage for Fall Dinner Mailings				
City		Zip Code	Check Number			
Hilliard		· ·				
Tilliaru	O H	43026	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.

Page Total \$ 1.648.13