

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						M	D	Y	Amount			
USPS						0	2	2	0	0	7	49.14
Address				Purpose								
				Postage Expense for Mailings								
City				State	Zip Code	Check Number						
						Debit						
To Whom Paid						M	D	Y	Amount			
Grandview Café						0	3	1	6	0	7	598.34
Address				Purpose								
				St. Patrick's Fundraiser								
City				State	Zip Code	Check Number						
Columbus				O	H	43212	Debit					
To Whom Paid						M	D	Y	Amount			
CVS						0	3	1	1	0	7	88.19
Address				Purpose								
3883 Park Millrun Dr.				St. Patrick's Mailing Envelopes								
City				State	Zip Code	Check Number						
Hilliard				O	H		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.