

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 Planks Garden				M	D	Y	Amount
Address 743 Parsons Ave.		Purpose 1/22/08 Fundraiser					
City Columbus	State O	Zip Code H 43215	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				
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.