

Event Date	2/25/08 #####
Page	1

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 P K O'Ryans						M 0	D 2	Y 2	Amount 277.32
Address 666 N High St.		Purpose 2/25/08 Fundraiser							
City Worthington		State O	H	Zip Code 43085	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				
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.

Page Total \$	277.32
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