Event Date	Fall Dinne
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						
To Whom Paid			M D Y Amount			
US Postmaster			0 9 1 1 0 7	390.00		
Address	Purpose					
	Fall Dinner Mailings Postage					
City	State	Zip Code	Check Number			
Columbus	ОН	43215	2310			
To Whom Paid			M D Y Amount			
Confuence Park Restaurant			0 9 0 4 0 7	700.00		
Address	Purpose		0 7 0 1 0 7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
4	Fall Dinne	or 11 / 27		1		
679 W. spring St.	State	Zip Code	Check Number			
Columbus	_ 1 ***	43215	2308			
To Whom Paid	O H	1 73213	M D Y Amount			
			1 1 0 9 0 7	36.90		
US Postmaster	Purpose		1 1 0 9 0 7	<u> </u>		
Address	,					
0.	State	er Mailings Posta Zip Code	Check Number	:		
City		1 -				
Columbus	O H	43215	debit M D Y Amount			
To Whom Paid						
Staples			1 1 0 3 0 7	107.95		
Address	Purpose					
3939 Trueman Blvd.		s for Fall Dinner				
City	State	Zip Code	Check Number			
Hilliard	O H	43026	debit			
To Whom Paid			M D Y Amount	i i		
Staples			1 1 0 3 0 7	90.20		
Address	Purpose					
3939 Trueman Blvd.	Envelope	s for Fall Dinner				
City	State	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 for Fall Dinner Mailings					
City	State	Zip Code	Check Number			
Hilliard	ОН	43026	debit			
To Whom Paid		·	M D Y Amount			
Kroger			1 1 0 3 0 7	278.80		
Address	Purpose			*		
4656 Cemetery Rd.	Postage for Fall Dinner Mailings					
City	State	. V.				
Hilliard	ОН	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