31-F R.C. 3517.10

Event Date	10/15/08
Page	1

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full				2.66460000000000000000000000000000000000			
FRIENDS OF JOHN O'GRADY							
To Whom Paid			M	D	Y	Amount	
THE ATHLETIC CLUB OF COLUMBUS			1 1	2 4	0 8		1,045.07
	Purpose	en in the service and the service of the service of the service and the service and the service of the service	e seement commence on the	&consequence : consequence :	to a second	И	
136 E BROAD ST	10/15 FUI	NDRAISER					
City	State	Check N					
COLUMBUS	O H		2486		2 20		
To Whom Paid		77 A CONTRACTOR CONTRA	М	D	Y	Amount	
A 1.1.	Purpose						yeyeseesaaayaaabaaaabaaabaaabaabaabaabaabaabaaba
Address	i arbose						
City	State	Zip Code	Check N	lumber			
-							
To Whom Paid			М	D	Y	Amount	
			:	1	1		
Address	Purpose	yww.m.coaddooddooddoologooddooddoologooddoologooddoologooddoologooddoologooddoologooddoologooddoologooddoologoo					
City	State	Zip Code	Check N	lumber			
	:						
To Whom Paid			М	D	Y	Amount	
Address	Ршроѕе	And the second s					
City	State	Zip Code	Check Number				
To Whom Paid			М	D	Υ	Amount	/ <u></u>
Address	Purpose	(managaman) conservation or resource	***				
City	State Zip Code		Check 1	number			
To Whom Paid			M	D	Υ	Amount	
Address	Purpose	ggeneral and the state of the s		oo geedaa ah oo ah oo ah oo ah oo ah	ng Chamana kanana ang Propinsi San	mE/macameracons-recons-recons-recons-	
		Tr. C.1.	Check 1	. T	THE STATE OF THE S		
City	State	State Zip Code		vumber			
To Whom Paid			M	D	Τy	Amount	A CONTRACTOR OF THE CONTRACTOR
1 O YEROM E GIO							
Address	Purpose					B	
City	State	State Zip Code		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 S <u>1.045.07</u>