

Event Date	<u>10/15/08</u> #####
Page	<u>1</u>

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 THE ATHLETIC CLUB OF COLUMBUS						M	D	Y	Amount			
						1	1	2	4	0	8	1,045.07
Address 136 E BROAD ST				Purpose 10/15 FUNDRAISER								
City COLUMBUS				State O H		Zip Code 43215		Check Number 2486				
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 \$ 1,045.07