

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			
Grumpy's Café						0	2	1	5	0	8	210.09
Address				Purpose								
2621 W. 14th				2/15/08 Fundraiser								
City				State	Zip Code	Check Number						
Cleveland				O	H	44113		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.