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Event Date	2/ ####	15/ ###	08
Page		1	
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Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

ame of Committee in Full		·	· . · · · · · · · · · · · · · · · · · ·							
Friends of O'Grady Committee										
o Whom Paid			М	D	Y	Amount				
Grumpy's Café			0 2	1 5	0 8		210.09			
ddress Care	Purpose									
2621 W. 14th	2/15/08 F	undraiser								
Z0Z1 VV. 14tti	State					Check Number				
Cleveland	ОН	O H 44113		debit						
o Whom Paid			M	D	Y	Amount				
Address	Purpose									
Dity	State	Zip Code	Check N	umber						
Suy .										
To Whom Paid			М	D	Y	Amount				
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Address	Purpose									
City	State	Zip Code	Check Number							
To Whom Paid		J	М	D	Y	Amount				
Address	Purpose			!	<u> </u>	<u> </u>				
City	State	Zip Code	Check Number							
		1	М	D	Y	Amount				
To Whom Paid						<u> </u>				
Address	Purpose									
City	State	Zip Code	Check	Check Number						
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To Whom Paid										
Address	Purpose		1	1						
City	State	State Zip Code		Check Number						
To Whom Paid			M	D	Y	Amount				
Address	Purpose									
City	State	Zip Code	Check	Number						
		1			-					

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 \$ _____210.09