

Event Date	<u>2/13/08</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 O'Grady Committee								
To Whom Paid Short North Tavern					M	D	Y	Amount 225.00
					0	2	1	3
					0	8		
Address 674 N High St				Purpose 2/13/08 Fundraiser				
City Columbus				State O	Zip Code H 43215		Check Number 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	
To Whom Paid					M	D	Y	Amount

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 \$ 225.00