

Event Date	<u>10/21/08</u> #####
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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 DIVISION OF LIQUOR CONTROL				M	D	Y	Amount
				1	0	0	150.00
Address 6606 TUSSING RD		Purpose PERMIT APPLICATION					
City REYNOLDSBURG	State O	Zip Code 43068	Check Number 2461				
To Whom Paid US POSTMASTER				M	D	Y	Amount
				1	0	0	750.00
Address		Purpose POSTAGE FOR MAILINGS					
City	State	Zip Code	Check Number				
			2464				
To Whom Paid NORTH MARKET				M	D	Y	Amount
				1	0	1	500.00
Address 59 SPRUC ST		Purpose RENTAL					
City COLUMBUS	State O	Zip Code 43215	Check Number 2466				
To Whom Paid GFS MARKETPLACE				M	D	Y	Amount
				1	0	2	997.00
Address		Purpose FOOD					
City DUBLIN	State O	Zip Code 43017	Check Number DEBIT				
To Whom Paid MEIJER				M	D	Y	Amount
				1	0	2	39.18
Address		Purpose SODA FOR EVENT					
City DUBLIN	State O	Zip Code 43017	Check Number DEBIT				
To Whom Paid MEIJER				M	D	Y	Amount
				1	0	2	66.38
Address		Purpose					
City DUBLIN	State O	Zip Code 43017	Check Number DEBIT				
To Whom Paid GIANT EAGLE				M	D	Y	Amount
				1	0	2	13.56
Address		Purpose ICE FOR EVENT					
City DUBLIN	State O	Zip Code 43017	Check Number DEBIT				

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 \$	<u>2,516.12</u>
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