

Event Date	<u>3-10-09</u> #####
Page	<u>93</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 SHAMROCK CLUB OF COLUMBUS					M	D	Y	Amount
					0	2	1	100.00
Address 60 W CASTLE ST		Purpose FUNDRAISER 3/10/09 RENTAL						
City COLUMBUS	State O	H	Zip Code 43207	Check Number 2505				
To Whom Paid US POSTMASTER					M	D	Y	Amount
					0	2	1	300.00
Address		Purpose FUNDRAISER 3/10/9 POSTAGE						
City COLUMBUS	State O	H	Zip Code 43215	Check Number 2506				
To Whom Paid KROGER					M	D	Y	Amount
					0	3	1	42.44
Address 3637 S HIGH STREET		Purpose FUNDRAISER 3/10/09 NAPKINS & SUPPLIES						
City COLUMBUS	State O	H	Zip Code 43207	Check Number DEBIT				
To Whom Paid THE SHAMROCK CLUB OF COLUMBUS					M	D	Y	Amount
					0	3	1	50.25
Address 60 W CASTLE ST		Purpose FUNDRAISER 3/10/09 FOOD & BEVERAGE						
City COLUMBUS	State O	H	Zip Code 43207	Check Number DEBIT				
To Whom Paid THE SHAMROCK CLUB OF COLUMBUS					M	D	Y	Amount
					0	3	1	1,387.64
Address 60 W CASTLE ST		Purpose FUNDRAISER 3/10/09 FOOD & BEVERAGE						
City COLUMBUS	State O	H	Zip Code 43207	Check Number DEBIT				
To Whom Paid CLICK N PLEDGE					M	D	Y	Amount
					0	3	2	48.91
Address		Purpose ONLINE CONTRIBUTION FEE						
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 \$	<u>1,929.24</u>
---------------	-----------------