31-F R.C. 3517.10

Event Date	8/6/2009
Page	101

## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

					Name and Parket and Parket			
Name of Committee in Full								
FRIENDS OF JOHN O'GRADY				Mary 1200			***************************************	(A) Philipping (A) (A) A
To Whom Paid				М	D	Y	Amount	
US POSTMASTER				0 6	2 3	0 9		300.00
Address	Purpose							
	FR-G	OLF	OUTING POSTA					
City	St	ate	Zip Code	Check N	Jumber			
COLUMBUS	0	Н	43215		2537			
To Whom Paid				М	D	Y	Amount	
US POSTMASTER				0 6	2 3	0 9		230.61
Address	Purpose							
	FR-GOLF OUTING POSTAGE							
City	Sta	State Zip Code			Number			
COLUMBUS	0	Н	43215		2538			
To Whom Paid		M	D	Y	Amount			
Address	Purpose							
City	State		Zip Code	Check N	Number			
To Whom Paid				М	D	Y	Amount	
Address	Purpose							
City	St	ate	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount	
Address	Purpose							
City	St	ate	Zip Code	Check 1	Number			
					***			
To Whom Paid				М	D	Y	Amount	
Address	Purpose							
City	State Zip Code			Check Number				
					***************************************	~		
To Whom Paid				M	D	Y	Amount	
Address	Purpose							
City	St	ate	Zip Code	Check 1	Vumber			
				I				

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 \$530.61	51_
---------------------	-----