

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 US POSTMASTER					M	D	Y	Amount
					0	6	2	300.00
Address		Purpose FR-GOLF OUTING POSTAGE						
City COLUMBUS	State O	H	Zip Code 43215	Check Number 2537				
To Whom Paid US POSTMASTER					M	D	Y	Amount
					0	6	2	230.61
Address		Purpose FR-GOLF OUTING POSTAGE						
City COLUMBUS	State O	H	Zip Code 43215	Check Number 2538				
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				

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.