

Ohio Campaign Finance Report

07 JUL 31 PM 4: 54

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Friends of John O'Grady						Registration Number, if PAC		
Full Name of Candidate John O'Grady								
Street Address 3682 Ridgewood				Office Sought Clerk of Courts		District Franklin		
City Hilliard				State O H		Zip Code 43026		
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General	
	July Monthly		August Monthly		September Monthly		Termination X	
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		M D Y 1 1 0 2 0 4		

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 21,875.77
2. Total monetary contributions (From Form No. 31-A)	\$ 11,235.00
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 33,110.77
5. Total monetary expenditures (From Form No. 31-B)	\$ 31,318.61
6. Balance on hand (line 4 minus line 5)	\$ 1,792.16
7. Value of in-kind contributions received (From Form No. 31-F-1)	\$ 630.00
8. Value of in-kind contributions made (From Form No. 31-F-2)	\$
9. Outstanding loans owed by committee (From Form No. 31-G)	\$ 0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$
12. Value of independent expenditures made (From Form No. 31-U)	\$
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	\$

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIRST DEGREE

John Hykes, Deputy Treasurer

[Signature]
Signature

07/31/07
Date

Contribution pages 41

Expenditure pages 71

Other pages 18

Total pages 130

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of O'Grady Committee							
Full Name of Contributor Contributions from Excel Spreadsheet -Regular						Registration Number, if PAC	
Street Address See Attached			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount 3,800.00	
Full Name of Contributor Contributions from form No. 31-E (Fall Dinner)						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount 375.00	
Full Name of Contributor Contributions from form No. 31-E (St. Patrick's Day Party)						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount 7,060.00	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of O'Grady Committee							
Full Name of Contributor See attached spreadsheet dated 12/05/06 Fall Dinner				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							375.00
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

24,125.00

Total expenditures this event

1,647.19

Page Total \$ <u>375.00</u>

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of O'Grady Committee									
Full Name of Contributor See attached spreadsheet dated 03/15/07 St. Patrick's Day Party				Registration Number, if PAC					
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount		
							7,060.00		
City		State	Zip Code	Form(Cash,Check,etc)					
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*		M	D	Y	Amount
City				State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*		M	D	Y	Amount
City				State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*		M	D	Y	Amount
City				State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*		M	D	Y	Amount
City				State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*		M	D	Y	Amount
City				State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*		M	D	Y	Amount
City				State	Zip Code	Form(Cash,Check,etc)			

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 7,060.00

FRIENDS OF O'GRADY COMMITTEE
Statement of Contributions Received at a Fundraising Event
Event: St. Patrick's Day Party 03/15/2007

Full Name Contributor	Street Address	City	ST	Zip	Emp/Occupation	Date	Pay Meth	Amount
F. Michael Lorz	2211 Cheltenham Rd.	Columbus	OH	43220		2/25/2007	Check	\$35.00
Plumbers & Pipefitters LU 189	1250 Kinneer Rd.	Columbus	OH	43212	Union	2/26/2007	Check	\$500.00
Robert Moazampour MBA	3281 Smiley Rd.	Upper Arlington	OH	43221		2/23/2007	Check	\$70.00
Roetzel & Address	222 South Main St.	Akron	OH	44308	LPA	2/23/2007	Check	\$500.00
Thomas J. O'Grady	12677 Scatter Ridge Rd.	Athens	OH	45701		2/23/2007	Check	\$50.00
OCSEA/AFSCME	390 Worthington Rd. Ste. A	Westerville	OH	43082	Local 11 Political Action	2/27/2007	Check	\$350.00
Henry W. Eckhart	50 W. Broad St. Ste. 2117	Columbus	OH	43215		3/8/2007	Check	\$70.00
Geo. W. Byers, Jr.	390 E. Broad St.	Columbus	OH	43215		3/9/2007	Check	\$210.00
Sharon R. Austin	2130 Iuka Ave.	Columbus	OH	43201		3/9/2007	Check	\$35.00
Larry J. Hotchkiss	1241 Dublin Rd.	Columbus	OH	43215	Atty.	3/7/2007	Check	\$50.00
Joe Bricker	840 Preston Ave.	Columbus	OH	43221-3516		3/6/2007	Check	\$70.00
Merrilyn P. Cahill	6595 Merwin Rd.	Columbus	OH	43235		3/2/2007	Check	\$70.00
Jerry Amer	8256 Markhaven Dr.	Columbus	OH	43235		3/5/2007	Check	\$35.00
Christian Loren Redkey	135 Westover Dr.	Hillsboro	OH	45133		3/1/2007	Check	\$70.00
United Steelworkers	777 Dearborn Park Lane Ste.J	Columbus	OH	43085-5716	District 1 PCE	3/1/2007	Check	\$500.00
William T. O'Reilly	2300 McComb Rd.	Grove City	OH	43123		3/1/2007	Check	\$35.00
Karen M. Fitzsimmons	385 Westland Ave.	Columbus	OH	43209		3/1/2007	Check	\$35.00
John T. Williams	3595 Olentangy Blvd.	Columbus	OH	43214		2/25/2007	Check	\$100.00
Timothy J. Becker	736 S. Cassingham Rd.	Bexley	OH	43209		2/24/2007	Check	\$35.00
A. W. Mihinni	2878 Sherwood Rd.	Columbus	OH	43209-2270		3/9/2007	Check	\$35.00
Michael L. Silberstein	1088 Fountain Lane Apt F	Columbus	OH	43213		3/9/2007	Check	\$35.00
Paul Hamilton	779 Aldengate Dr.	Galloway	OH	43119		3/11/2007	Check	\$70.00
Allen J. Reis	3250 Knoll Dr.	Gahanna	OH	43230		3/12/2007	Check	\$105.00
Bryan B. Johnson	1 E. Livingston Ave.	Columbus	OH	43215	Atty.	2/21/2007	Check	\$35.00
Dimora Boosters Committee	19510 Lorain Rd. Ste 103	Fairview Park	OH	44126		2/23/2007	Check	\$50.00
Paul F. Ward	580 S. High St.	Columbus	OH	43215	Atty.	3/14/2007	Check	\$500.00
Teri Boz	3322 Norwood St.	Columbus	OH	43224		3/14/2007	Check	\$35.00
Conrad Stephens	3381 Maize Rd. Apt. A	Columbus	OH	43224-3247		3/16/2007	Check	\$35.00
Ohio Cable Telecommunications Assn.	50 W. Broads St. Ste. 1118	Columbus	OH	43215-5906		3/19/2007	Check	\$50.00
John T. Conroy	3363 Tremont Rd. Ste. 104C	Columbus	OH	43221-2110	Atty.	3/16/2007	Check	\$35.00
Mary C. O'Grady	1885 Ridgebury Dr.	Hilliard	OH	43026		3/16/2007	Check	\$35.00
Robert M. Cody	238 E. Lincoln Ave.	Columbus	OH	43214-1230		3/16/2007	Check	\$35.00
Daniel C. Mowbray	196 S. Grant Ave. Apt 605	Columbus	OH	43215		3/16/2007	Check	\$50.00
David F. Pillion	892 Greenridge Rd.	Columbus	OH	43235-3416		3/16/2007	Check	\$70.00
Richard W. Greene	5163 Portland St.	Columbus	OH	43220		3/16/2007	Check	\$35.00
Richard J. Ryan	1452 Ironwood Dr.	Columbus	OH	43229		3/16/2007	Check	\$70.00
Mary Anne Wemlinger	85 Georgetown Dr. Apt D	Columbus	OH	43214		3/16/2007	Check	\$70.00
Charles A. Schneider	4492 Shire Mill Rd.	Hilliard	OH	43026		3/16/2007	Check	\$35.00
Tracy A. McDaniel	1502 W. 6th Apt A	Columbus	OH	43212		3/16/2007	Check	\$70.00
B.L. Celeste, Ph. D.	1230 Oakland Ave.	Columbus	OH	43212		3/16/2007	Check	\$50.00
Don Slapnick, Jr.	1503 Runaway Bay Dr. Apt. 3A	Columbus	OH	43204		3/16/2007	Check	\$35.00
Robert D. Thacker	188 E. Moler St.	Columbus	OH	43207		3/16/2007	Check	\$35.00
Matthew P. Cincione	1228 Cambridge Blvd.	Columbus	OH	43212		3/16/2007	Check	\$35.00

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
Friends of O'Grady Committee										
To Whom Paid							M	D	Y	Amount
Cingular							0	1	0	104.14
Address			Purpose							
PO Box 6416			Monthly Phone Service							
City		State	Zip Code		Check Number					
Carol Stream		I	60197		2259					
To Whom Paid							M	D	Y	Amount
Tony's Italian Restaurant							0	1	0	43.73
Address			Purpose							
16 W. Beck St.			Lunch Meeting re: Campaign							
City		State	Zip Code		Check Number					
Columbus		O	43215		Debit					
To Whom Paid							M	D	Y	Amount
Strickland Fisher Inaugural Committee							0	1	0	150.00
Address			Purpose							
			Ohio Inaugural Ball							
City		State	Zip Code		Check Number					
					Debit					
To Whom Paid							M	D	Y	Amount
Strickland Fisher Inaugural Committee							0	1	0	150.00
Address			Purpose							
			Ohio Inaugural Ball							
City		State	Zip Code		Check Number					
To Whom Paid							M	D	Y	Amount
Strickland Fisher Inaugural Committee							0	1	0	150.00
Address			Purpose							
			Ohio Inaugural Ball							
City		State	Zip Code		Check Number					
To Whom Paid							M	D	Y	Amount
Strickland Fisher Inaugural Committee							0	1	0	150.00
Address			Purpose							
			Ohio Inaugural Ball							
City		State	Zip Code		Check Number					
To Whom Paid							M	D	Y	Amount
G. Micheal Inc.							0	1	1	144.30
Address			Purpose							
595 S. Third St.			Inauguration Activitiy							
City		State	Zip Code		Check Number					
Columbus		O	43215		Debit					
To Whom Paid							M	D	Y	Amount
Boma							0	1	1	37.00
Address			Purpose							
583 E. Broad St.			Inauguration Activitiy							
City		State	Zip Code		Check Number					
Columbus		O	43215		Debit					
To Whom Paid							M	D	Y	Amount
Shamrock Club of Columbus							0	1	1	75.00
Address			Purpose							
PO Box 7780			Membership Renewal							
City		State	Zip Code		Check Number					
Columbus		O	43207		2261					

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of O'Grady Committee								
To Whom Paid Ronald J. Hagan CPA LLC				M	D	Y	Amount	
				0	1	15	07	6,000.00
Address 480 S. Third St.		Purpose CPA Professional Fees						
City Columbus		State O H	Zip Code 43215	Check Number 2262				
To Whom Paid Mentel for Council				M	D	Y	Amount	
				0	1	22	07	3,000.00
Address 3886 North High Street		Purpose Contribution to Campaign						
City Columbus		State O H	Zip Code 43214	Check Number 2263				
To Whom Paid Cingular				M	D	Y	Amount	
				0	1	26	07	110.21
Address PO Box 6416		Purpose Monthly Phone Charges						
City Carol Stream		State I L	Zip Code 60197	Check Number 2264				
To Whom Paid Epilepsy Foundation				M	D	Y	Amount	
				0	1	30	07	100.00
Address		Purpose Charitable Contribution						
City Columbus		State O H	Zip Code	Check Number Debit				
To Whom Paid Claddagh Irish Pub				M	D	Y	Amount	
				0	2	01	07	96.13
Address 585 S. Front St.		Purpose Dinner re: Campaign						
City Columbus		State O H	Zip Code 43215	Check Number Debit				
To Whom Paid Claddagh Irish Pub				M	D	Y	Amount	
				0	2	08	07	103.31
Address 585 S. Front St.		Purpose Dinner re: Campaign						
City Columbus		State O H	Zip Code 43215	Check Number Debit				
To Whom Paid Cingular				M	D	Y	Amount	
				0	2	24	07	104.31
Address PO Box 6416		Purpose Monthly Phone Charges						
City Carol Stream		State I L	Zip Code 60197	Check Number 2266				
To Whom Paid Cingular				M	D	Y	Amount	
				0	2	27	07	533.74
Address PO Box 6416		Purpose Phone Equipment						
City Carol Stream		State I L	Zip Code 60197	Check Number debit				

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
Friends of O'Grady Committee										
To Whom Paid				M	D	Y	Amount			
USPS				0	3	1	2	0	7	49.14
Address		Purpose								
		Postage re: Campaign								
		State	Zip Code	Check Number						
				debit						
To Whom Paid				M	D	Y	Amount			
United Way of Central OH				0	3	1	0	0	7	400.00
Address		Purpose								
		Annual George Meany Awards - Table								
City	State	Zip Code	Check Number							
Columbus	O H		2268							
To Whom Paid				M	D	Y	Amount			
Committee to Elect Scott Scherzer				0	3	1	0	0	7	100.00
Address		Purpose								
		Scott Scherzer Fundraiser								
City	State	Zip Code	Check Number							
Columbus	O H		2267							
To Whom Paid				M	D	Y	Amount			
Fifth Third Bank				0	3	1	3	0	7	15.00
Address		Purpose								
		Bank Charges								
City	State	Zip Code	Check Number							
			debit							
To Whom Paid				M	D	Y	Amount			
Wmata Parking Vend				0	3	1	3	0	7	10.00
Address		Purpose								
		Parking								
City	State	Zip Code	Check Number							
Alexandria	V A		Debit							
To Whom Paid				M	D	Y	Amount			
USPS				0	3	1	3	0	7	14.04
Address		Purpose								
		St. Patrick's Day Fundraiser - Mailing								
City	State	Zip Code	Check Number							
Columbus	O H		Debit							
To Whom Paid				M	D	Y	Amount			
USPS				0	3	1	3	0	7	35.10
Address		Purpose								
		St. Patrick's Day Fundraiser - Mailing								
City	State	Zip Code	Check Number							
Columbus	O H		debit							
To Whom Paid				M	D	Y	Amount			
Hostway.com				0	3	1	4	0	7	47.85
Address		Purpose								
		Quarterly Webhost								
				Debit						

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of O'Grady Committee						
To Whom Paid US Postmaster			M	D	Y	Amount 72.00
Address Columbus			0	3	1	6
Purpose PO Box #1355 - annual rental			0	7	Check Number 2269	
State O H			Zip Code		Check Number 2269	
To Whom Paid Target			M	D	Y	Amount 107.23
Address Columbus			0	3	1	7
Purpose Candy for St. Patrick's Day Parade			0	7	Check Number Debit	
City Columbus			O	H	Check Number Debit	
To Whom Paid Gergia Brown's			M	D	Y	Amount 130.05
Address 950 15th St.			0	3	2	0
Purpose Lunch in Washington			0	7	Check Number Debit	
City Washington			D	C	Check Number Debit	
To Whom Paid Cingular			M	D	Y	Amount 185.83
Address PO Box 6416			0	3	2	7
Purpose Monthly Phone Charges			0	7	Check Number 2270	
City Carol Stream			I	L	Check Number 2270	
To Whom Paid Jerry L Carver YMCA			M	D	Y	Amount 500.00
Address Columbus			0	3	2	7
Purpose YMCA Fundraiser			0	7	Check Number 2274	
City Columbus			O	h	Check Number 2274	
To Whom Paid Committee to Elect Ray Miller			M	D	Y	Amount 40.00
Address Columbus			0	3	2	7
Purpose Luncheon Birthday Party			0	7	Check Number 2273	
City Columbus			O	H	Check Number 2273	
To Whom Paid Committee for Joyce Beatty			M	D	Y	Amount 50.00
Address 233 S. High St.			0	3	2	7
Purpose Luncheon for Joyce Beatty			0	7	Check Number 2272	
City Columbus			O	H	Check Number 2272	
To Whom Paid Women of Achievement			M	D	Y	Amount 125.00
Address Columbus			0	3	2	7
Purpose Luncheon			0	7	Check Number 2276	
City Columbus					Check Number 2276	

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of O'Grady Committee							
To Whom Paid Central Ohio Labor Council				M	D	Y	Amount
				0	3	2	7
				0	7	0	7
Address				Purpose June 7th Golf Outing			
		State	Zip Code	Check Number			
				2271			
To Whom Paid John O'Grady				M	D	Y	Amount
				0	3	2	7
				0	7	0	7
Address				Purpose Reimbursement			
City Columbus		State O H	Zip Code 43214	Check Number 2275			
To Whom Paid John O'Grady				M	D	Y	Amount
				0	3	2	7
				0	7	0	7
Address				Purpose Reimbursement			
City Columbus		State O H	Zip Code 43214	Check Number 2277			
To Whom Paid Thomas More Society				M	D	Y	Amount
				0	4	0	3
				0	7	0	7
Address				Purpose Red Mass Sponsorship			
City Columbus		State O H	Zip Code 43214	Check Number 2279			
To Whom Paid Milvets				M	D	Y	Amount
				0	4	0	3
				0	7	0	7
Address 250 W. Broad St.				Purpose Observance Luncheon			
City Columbus		State O H	Zip Code 43215	Check Number 2278			
To Whom Paid Thom's on Granview				M	D	Y	Amount
				0	4	1	0
				0	7	0	7
Address 1470 Granview				Purpose Luncheon			
City Columbus		State O H	Zip Code 43212	Check Number Debit			
To Whom Paid Fifth Third Bank				M	D	Y	Amount
				0	4	1	3
				0	7	0	7
Address				Purpose Bank Charge			
City		State	Zip Code	Check Number Debit			
To Whom Paid US Postmaster				M	D	Y	Amount
				0	4	1	5
				0	7	0	7
Address				Purpose Postage for Campaign Info			
City Columbus		State o H	Zip Code 43215	Check Number debit			

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of O'Grady Committee							
To Whom Paid Gaylord Opryland Resort				M	D	Y	Amount
				0	4	1	177.09
Address 2800 Opryland Dr.		Purpose Room Reservation 2007 DLC NAT. CONVERSATION					
Nashville		State T N	Zip Code 37214	Check Number Debit			
To Whom Paid Cingular				M	D	Y	Amount
				0	4	2	136.43
Address PO Box 6416		Purpose Monthly Phone Service					
City Carol Stream		State I L	Zip Code 60197	Check Number 2280			
To Whom Paid Samali Woman's & Children's Alliance				M	D	Y	Amount
				0	4	3	150.00
Address		Purpose Donation for Camp					
City		State	Zip Code	Check Number 2281			
To Whom Paid Ohio Democratic Party				M	D	Y	Amount
				0	5	1	600.00
Address		Purpose					
City Columbus		State O H	Zip Code 43215	Check Number 2282			
To Whom Paid Franklin County Democratic Party				M	D	Y	Amount
				0	5	1	600.00
Address		Purpose					
City Columbus		State O H	Zip Code 43215	Check Number 2284			
To Whom Paid Fifth Third Bank				M	D	Y	Amount
				0	5	1	15.00
Address		Purpose Bank Charge					
City Columbus		State O H	Zip Code	Check Number Debit			
To Whom Paid Jerry L Garver YMCA				M	D	Y	Amount
				0	5	2	400.00
Address		Purpose Golf Outing Hole Sponsor					
City		State	Zip Code	Check Number Debit			
To Whom Paid Clarmont Restaurant				M	D	Y	Amount
				0	5	2	40.86
Address 684 South High St.		Purpose Meeting re: Golf Outing					
City Columbus		State o H	Zip Code 43215	Check Number Debit			

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of O'Grady Committee								
To Whom Paid Tony's Restaurant					M	D	Y	Amount
					0	5	2	65.38
Address 16 W. Beck St.		Purpose Lunch Meeting re: Campaign						
Columbus		State o h	Zip Code 43215	Check Number Debit				
To Whom Paid Patrick Pearse Division AOH					M	D	Y	Amount
					0	5	2	100.00
Address		Purpose Golf Outing Sponsor						
City Columbus		State O H	Zip Code	Check Number 2287				
To Whom Paid Cingular					M	D	Y	Amount
					0	5	2	198.20
Address PO Box 6416		Purpose Monthly Cell Service						
City Carol Stream		State I L	Zip Code 60197	Check Number 2286				
To Whom Paid Rice Bowl					M	D	Y	Amount
					0	5	2	22.81
Address 2300 S. High St.		Purpose Campaign Meeting-OH League of Conservation Voters						
City Columbus		State O H	Zip Code 43207	Check Number Debit				
To Whom Paid Karnes for Sheriff Committee					M	D	Y	Amount
					0	6	0	375.00
Address		Purpose Golf Sponsorship						
City Columbus		State O H	Zip Code	Check Number 2288				
To Whom Paid US Postmaster					M	D	Y	Amount
					0	6	0	336.20
Address		Purpose Postage for Craig for Council Event						
City Columbus		State O H	Zip Code	Check Number Debit				
To Whom Paid Robert Bisciotti					M	D	Y	Amount
					0	6	0	46.72
Address		Purpose Reimbursement for car Rental for Parade						
City		State	Zip Code	Check Number 2289				
To Whom Paid Clarmont Restaurant					M	D	Y	Amount
					0	6	0	34.89
Address 684 South High St.		Purpose Meeting re: Campaign Fundraising						
City Columbus		State o H	Zip Code 43215	Check Number Debit				

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of O'Grady Committee							
To Whom Paid Hostway.com				M	D	Y	Amount
				0	6	1 3 0 7	47.85
Address		Purpose Qtrly Webhost					
		State	Zip Code	Check Number		Debit	
To Whom Paid Fifth Third Bank				M	D	Y	Amount
				0	6	1 3 0 7	15.00
Address		Purpose Bank Charges					
City Columbus		State O H	Zip Code	Check Number		Debit	
To Whom Paid Democratic Leaders				M	D	Y	Amount
				0	6	1 4 0 7	300.00
Address		Purpose 2007 National Conversation					
City		State	Zip Code	Check Number		Debit	
To Whom Paid Club 185				M	D	Y	Amount
				0	6	1 8 0 7	29.70
Address 185 E. Livingston Ave		Purpose Meeting re: Campaign Fundraising					
City Columbus		State O H	Zip Code 43215	Check Number		Debit	
To Whom Paid Erik Gatehouse				M	D	Y	Amount
				0	6	1 9 0 7	2,750.00
Address		Purpose Consulting					
City Columbus		State O H	Zip Code	Check Number		Debit	
				2290			
To Whom Paid Brownstone				M	D	Y	Amount
				0	6	2 1 0 7	48.82
Address		Purpose Hercel Craig for City Council meeting on fundraiser					
City Columbus		State O H	Zip Code	Check Number		Debit	
To Whom Paid Lindey's				M	D	Y	Amount
				0	6	2 1 0 7	65.00
Address 169 E. Beck St.		Purpose Meeting with Lobbyists					
City Columbus		State O H	Zip Code 43206	Check Number		Debit	
To Whom Paid FedEx Kinko's				M	D	Y	Amount
				0	6	2 2 0 7	1.92
Address 5800 Frantz Rd		Purpose Computer Time for Golf Outing Printing					
City Columbus		State o H	Zip Code 43216	Check Number		Debit	

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of O'Grady Committee							
To Whom Paid FedEx Kinko's				M	D	Y	Amount
				0	6	2	4
				0	7		0.85
Address		Purpose Computer Time for Golf Outing Printing					
		State	Zip Code	Check Number			
				Debit			
To Whom Paid FedEx Kinko's				M	D	Y	Amount
				0	6	2	4
				0	7		655.70
Address		Purpose Printing Costs - Golf Outing					
		State	Zip Code	Check Number			
		O	H	Debit			
To Whom Paid Fifth Third Bank				M	D	Y	Amount
				0	6	2	8
				0	7		24.00
Address		Purpose Bank Charges					
		State	Zip Code	Check Number			
				Debit			
To Whom Paid Expenditures from Form 31-F (St. Patrick's Day Party)				M	D	Y	Amount
				0	3	1	5
				0	7		686.53
Address		Purpose					
		State	Zip Code	Check Number			
To Whom Paid Expenditures from Form 31-f (Golf Outing)				M	D	Y	Amount
				0	8	0	2
				0	7		1,125.10
Address		Purpose					
		State	Zip Code	Check Number			
To Whom Paid Expenditures from Form 31-F (Fall Dinner)				M	D	Y	Amount
				1	2	0	5
				0	6		8,480.47
Address		Purpose					
		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
		State	Zip Code	Check Number			

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 USPS					M	D	Y	Amount
					0	2	0	49.14
Address		Purpose Postage Expense for Mailings						
City		State	Zip Code	Check Number				
				Debit				
To Whom Paid Grandview Café					M	D	Y	Amount
					0	3	0	598.34
Address		Purpose St. Patrick's Fundraiser						
City Columbus		State O H	Zip Code 43212	Check Number				
				Debit				
To Whom Paid CVS					M	D	Y	Amount
					0	3	0	88.19
Address 3883 Park Millrun Dr.		Purpose St. Patrick's Mailing Envelopes						
City Hilliard		State O H	Zip Code	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				

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.

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 Name It Golf, Inc.					M	D	Y	Amount
					0	6	1	3
					0	7		838.10
Address Golftees.com			Purpose Golf Outing Novelty					
City		State	Zip Code	Check Number Debit				
To Whom Paid USPS					M	D	Y	Amount
					0	6	2	6
					0	7		287.00
Address			Purpose Golf Outing Mailing - Postage					
City		State	Zip Code	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				

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.

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 Confluence Park Restaurant					M	D	Y	Amount			
					0	2	0	6	0	7	8,480.47
Address 679 W Spring St				Purpose Fall Dinner - Fundraiser							
City Columbus			State O	H	Zip Code 43215		Check Number 2251				
To Whom Paid					M	D	Y	Amount			
Address					Purpose						
City			State	H	Zip Code		Check Number				
To Whom Paid					M	D	Y	Amount			
Address					Purpose						
City			State	H	Zip Code		Check Number				
To Whom Paid					M	D	Y	Amount			
Address					Purpose						
City			State	H	Zip Code		Check Number				
To Whom Paid					M	D	Y	Amount			
Address					Purpose						
City			State	H	Zip Code		Check Number				
To Whom Paid					M	D	Y	Amount			
Address					Purpose						
City			State	H	Zip Code		Check Number				
To Whom Paid					M	D	Y	Amount			
Address					Purpose						
City			State	H	Zip Code		Check Number				
To Whom Paid					M	D	Y	Amount			
Address					Purpose						
City			State	H	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.

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of O'Grady Committee			
Full Name of Contributor Franklin County Democratic Party		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address 271 E. State St.		Description of Item or Service Office Space & Phones	M D Y Fair Market Value 0 3 3 1 0 7 315.00
City Columbus		State Zip Code O H 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Franklin County Democratic Party		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address 271 E. State St.		Description of Item or Service Office Space & Phones	M D Y Fair Market Value 0 6 3 0 0 7 315.00
City Columbus		State Zip Code O H 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]