

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 CLICKNPLEDGE			M	D	Y	Amount 30.20
			0	8	1	8
			0	9		
Address		Purpose ONLINE CONTRIBUTION FEE				
City		State	Zip Code	Check Number		
To Whom Paid HANNAH COLBY			M	D	Y	Amount 39.94
			0	8	1	8
			0	9		
Address 7475 BARDSTON DR		Purpose OUTING REIMBURSEMENT-SUPPLIES				
City DUBLIN		State O H	Zip Code 43017	Check Number 2557		
To Whom Paid RIVIERA GOLF CLUB			M	D	Y	Amount 15,950.22
			0	8	2	1
			0	9		
Address 8205 AVERY RD		Purpose GOLF COURSE FEE				
City DUBLIN		State O H	Zip Code 43017	Check Number 2559		
To Whom Paid ROBERT BISCOTTI			M	D	Y	Amount 4,403.29
			0	8	2	1
			0	9		
Address 6059 HOMEWELL ST		Purpose REIMBURSEMENT-GOLF SIGNS AND SUPPLIES				
City HILLIARD		State O H	Zip Code 43026	Check Number 2560		
To Whom Paid PATIO PRINTING INC			M	D	Y	Amount 621.29
			0	8	2	1
			0	9		
Address 6663 HUNTLEY RD		Purpose GOLF SIGNS				
City COLUMBUS		State O H	Zip Code 43229	Check Number 2561		
To Whom Paid CUSHION SEATS INC			M	D	Y	Amount 104.62
			0	9	0	9
			0	9		
Address		Purpose GOLF OUTING EXPENSE				
City MANHATTAN		State K S	Zip Code	Check Number DEBIT		
To Whom Paid CUSHION SEATS			M	D	Y	Amount 104.62
			0	9	0	9
			0	9		
Address		Purpose GOLF OUTING EXPENSE				
City MANHATTAN		State K S	Zip Code	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