

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Friends of John O'Grady</b>									
To Whom Paid <b>FIFTH THIRD BANK</b>						M	D	Y	Amount
						1	2	2	0
Address						Purpose <b>BANK CHARGES</b>			
City						State		Zip Code	
Check Number <b>DEBIT</b>									
To Whom Paid <b>FIFTH THIRD BANK</b>						M	D	Y	Amount
						1	2	2	0
Address						Purpose <b>BANK CHARGES</b>			
City						State		Zip Code	
Check Number <b>DEBIT</b>									
To Whom Paid <b>FIFTH THIRD BANK</b>						M	D	Y	Amount
						1	2	2	0
Address						Purpose <b>BANK CHARGES</b>			
City						State		Zip Code	
Check Number <b>DEBIT</b>									
To Whom Paid <b>PAYCOR</b>						M	D	Y	Amount
						1	2	2	0
Address <b>644 LINN ST</b>						Purpose <b>PAYROLL FEE</b>			
City <b>CINCINNATI</b>						State <b>O</b>		Zip Code <b>H 45203</b>	
Check Number <b>DEBIT</b>									
To Whom Paid <b>AQUINAS SCHOLARSHIP ENDOWMENT FUND</b>						M	D	Y	Amount
						0	8	1	0
Address <b>2009 HAYER CT</b>						Purpose <b>GOLF OUTING SPONSOR/FOURSOME</b>			
City <b>LEWIS CENTER</b>						State <b>O</b>		Zip Code <b>H 43035</b>	
Check Number <b>2556</b>									
To Whom Paid <b>EXPENDITURES FROM FORM 31-F</b>						M	D	Y	Amount
						0	8	0	0
Address						Purpose			
City						State		Zip Code	
Check Number									
To Whom Paid <b>EXPENDITURES FROM FORM 31-F</b>						M	D	Y	Amount
						0	8	0	0
Address						Purpose			
City						State		Zip Code	
Check Number									
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
Check Number									