Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full				
Friends of John O'Grady To Whom Paud			M D Y Amount	
FIFTH THIRD BANK			1 2 2 2 0 9 8.0	0
Address	Purpose			
	BANK	CHARGES		
City	State	Zıp Code	Check Number DEBIT	
To Whom Paid FIFTH THIRD BANK			M D Y Amount 1 2 2 3 0 9 8.0	n
Address	Purpose		11/2/2/0/0/0	Ť
		CHARGES		
City	State	Zıp Code	Check Number	
			DEBIT	
To Whom Paid			M D Y Amount	
FIFTH THIRD BANK			1 2 2 4 0 9 8.0	U
Address	Purpose	CLIADOEC		
Ot.	State	CHARGES Zip Code	Check Number	
City	State	Zip Code	DEBIT	
To Whom Paid	<u> </u>		M D Y Amount	
PAYCOR			1 2 2 8 0 9 15.8	5
Address	Purpose		17 2 2 0 0 0 0	Ť
644 LINN ST	PAYRO	OLL FEE		
City	State	Zıp Code	Check Number	
CINCINNATI	$O \mid H$	45203	DEBIT	
To Whom Paid			M D Y Amount	
AQUINAS SCHOLARSHIP ENDOWN		ND	0 8 1 7 0 9 525.0	<u>U</u>
Address	Purpose	OF ITTINIC COONICO	D /EOLIDCOME	
2009 HAYER CT	State	OUTING SPONSO IZID Code	Check Number	
LEWIS CENTER	O H		2556	
To Whom Paid	1 () 11	1 3000	M D Y Amount	
EXPENDITURES FROM FORM 31-F			0 8 0 6 0 9 1,436.5	3
Address	Purpose		10/0/0/0/0/0/	_
City	State	Zıp Code	Check Number	
To Whom Paid			M D Y Amount	_
EXPENDITURES FROM FORM 31-F			0 8 0 6 0 9 21,254.1	<u>8</u>
Address	Purpose			
City	State	Zıp Code	Check Number	
chy	State	Zip Code	Check Pulliber	
To Whom Paid			M D Y Amount	
Address	Purpose			
	- 220			
City	State	Zıp Code	Check Number	