

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF JOHN O'GRADY												
To Whom Paid AT&T						M	D	Y	Amount			
						0	9	1	0	0	8	188.74
Address PO BOX 6416				Purpose MOBILE PHONE								
City CAROL STREAM				State I L		Zip Code 60197		Check Number 2450				
To Whom Paid CLARMONT						M	D	Y	Amount			
						0	9	1	1	0	8	38.50
Address				Purpose CAMPAIGN MEETING								
City				State		Zip Code		Check Number DEBIT				
To Whom Paid PAYCOR						M	D	Y	Amount			
						0	9	1	1	0	8	2,019.46
Address 644 LINN ST STE 200				Purpose PAYROLL								
City CINCINNATI				State O H		Zip Code 45203		Check Number DEBIT				
To Whom Paid PAYCOR						M	D	Y	Amount			
						0	9	1	1	0	8	759.29
Address 644 LINN ST STE 200				Purpose PAYROLL								
City CINCINNATI				State O H		Zip Code 45203		Check Number DEBIT				
To Whom Paid PAYCOR						M	D	Y	Amount			
						0	9	1	1	0	8	79.31
Address 644 LINN ST STE 200				Purpose PAYROLL								
City CINCINNATI				State O H		Zip Code 45203		Check Number DEBIT				
To Whom Paid FIFTH THIRD						M	D	Y	Amount			
						0	9	1	2	0	8	8.00
Address				Purpose SERVICE CHARGE								
City COLUMBUS				State O H		Zip Code		Check Number DEBIT				
To Whom Paid BOB EVANS						M	D	Y	Amount			
						0	9	1	6	0	8	29.65
Address				Purpose CAMPAIGN MEETING								
City COLUMBUS				State O H		Zip Code 43206		Check Number DEBIT				
To Whom Paid RONALD J HAGAN CPA LLC						M	D	Y	Amount			
						0	9	1	8	0	8	2,825.00
Address 480 S THIRD ST				Purpose ACCOUNTING SERVICES								
City COLUMBUS				State O H		Zip Code 43215		Check Number 2452				