

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full				
FRIENDS OF JOHN O'GRADY			M D Y Amoun	f
To Whom Paid			M D Y Amoun 0 6 2 9 1 0	148.36
AT&T MOBILITY			0 6 2 9 1 0	140,30
Address	Purpose			
PO BOX 6416	CELL P			
City	State	Zip Code	Check Number	
CAROL STREAM	I I L	60197	2628	
To Whom Paid			M D Y Amoun	
TRANSFER FROM FORM 31-F			0 1 2 7 1 0	1,362.97
Address	Purpose			
	FUNDRAISER			
City	State	Zip Code	Check Number	
chy		1 '		
To Whom Paid			M D Y Amour	ıt.
TRANSFER FROM FORM 31-F			0 3 0 4 1 0	2,104.91
	Dumaga	······································	0 3 0 4 1 0	22,102.71
Address	Purpose FUNDI	ATCED		ļ
		Zip Code	Check Number	and a second state of
City	State	Zip Code	Check Number	
To Whom Paid			M D Y Amour	
COLUMBUS CLIPPERS			0 5 2 8 1 0	277.38
Address	Purpose			
HUNTINGTON PARK	TICKETS/MEALS			
City	State	Zip Code	Check Number	
COLUMBUS	$ \cap H$	43215	DEBIT	
To Whom Paid			M D Y Amou	nt
OSU TICKET OFFICE			0 3 0 4 1 0	1,135.00
Address	Purpose			
Tradition .	TICKETS			
City	State	Zip Code	Check Number	
COLUMBUS	\cap H		DEBIT	
To Whom Paid		TO210	M D Y Amou	nt
			0 6 1 0 1 0	43.01
FIFTH THIRD BANK				
Address	Purpose SERVICE CHARGE			
			CL) M	
City	State	Zip Code	Check Number	
COLUMBUS	O H	43215	DEBIT	
To Whom Paid			M D Y Amou	nt
Address	Purpose			
City	State	Zip Code	Check Number	
To Whom Paid M D Y Amount				
Address	Purpose			
AN YOU TO THE TOTAL OF THE TOTA				
City	State	Zip Code	Check Number	
City	Julie			