Event Date	8/2/2007
Page	1

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full										
Friends of O'Grady Committee										
To Whom Paid				M	D	Y	Amount			
Name It Golf, Inc.				0 6	13	0 7	<u></u>	838.10		
Address	Purpose									
Golftees.com	Golf Outing Novelty									
City	State Zip Code				Number					
					Debi					
To Whom Paid				M	D	Y	Amount			
USPS				0 6	2 6	0 7		287.00		
Address	Purpose									
	Golf		ng Mailing - Posta							
City			Zip Code	Check 1						
		Debit								
To Whom Paid				M	D	Y	Amount			
Address	Purpose									
	\									
City	St	ate	Zip Code	Check 1	Number					
To Whom Paid				М	D	Y	Amount	!		
	T						<u> </u>			
Address	ldress Purpose									
			la: 0 :	Ta:						
City	St	tate	Zip Code	Check	Number					
				+	T	7.0	Amazzat			
To Whom Paid				M	D	Y	Amount			
	Ip.						<u> </u>			
Address	rurpose	Purpose								
Cir.	-	ate	7in Code	Charle Number						
City	St	tate I	Zip Code	Check Number						
To Whom Daid			L	. M	<u>п</u>	Y	Amount			
To Whom Paid				M	D	'1	2 Milouit			
Addrage	P.,						<u></u>			
Address	Purpose									
City	C4	tate	Zip Code	Check Number						
City	31		Lap Cour	Silver.						
To Whom Paid	<u></u>		<u></u>	M	D	Y	Amount			
TO WHOM LAIG				"	1	1				
Address	Purpose						.1			
1 AUG. 400	Larpose									
City	- 0,	tate	Zip Code	Check	Number					
(C.1.)				J.IOCK						
	1	1	1	1						

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.

Page Total \$ 1.125.10