

# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Friends of O'Grady Committee</b>								
To Whom Paid <b>Hole In One International</b>					M	D	Y	Amount
					0	7	2	530.00
Address <b>6195 Rideview Ct.</b>				Purpose <b>Hole in One Insurance</b>				
City <b>Reno</b>		State <b>N</b>	Zip Code <b>V 89509</b>	Check Number <b>Debit</b>				
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City		State	Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City		State	Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City		State	Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City		State	Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City		State	Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City		State	Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City		State	Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount

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.