

## Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of O'Grady Committee							
To Whom Paid Ronald J. Hagan CPA LLC				M	D	Y	Amount
				0	1	1	5
				0	7		6,000.00
Address 480 S. Third St.		Purpose CPA Professional Fees					
City Columbus		State O   H	Zip Code 43215	Check Number 2262			
To Whom Paid Mentel for Council				M	D	Y	Amount
				0	1	2	2
				0	7		3,000.00
Address 3886 North High Street		Purpose Contribution to Campaign					
City Columbus		State O   H	Zip Code 43214	Check Number 2263			
To Whom Paid Cingular				M	D	Y	Amount
				0	1	2	6
				0	7		110.21
Address PO Box 6416		Purpose Monthly Phone Charges					
City Carol Stream		State I   L	Zip Code 60197	Check Number 2264			
To Whom Paid Epilepsy Foundation				M	D	Y	Amount
				0	1	3	0
				0	7		100.00
Address		Purpose Charitable Contribution					
City Columbus		State O   H	Zip Code	Check Number Debit			
To Whom Paid Claddagh Irish Pub				M	D	Y	Amount
				0	2	0	1
				0	7		96.13
Address 585 S. Front St.		Purpose Dinner re: Campaign					
City Columbus		State O   H	Zip Code 43215	Check Number Debit			
To Whom Paid Claddagh Irish Pub				M	D	Y	Amount
				0	2	0	8
				0	7		103.31
Address 585 S. Front St.		Purpose Dinner re: Campaign					
City Columbus		State O   H	Zip Code 43215	Check Number Debit			
To Whom Paid Cingular				M	D	Y	Amount
				0	2	2	4
				0	7		104.31
Address PO Box 6416		Purpose Monthly Phone Charges					
City Carol Stream		State I   L	Zip Code 60197	Check Number 2266			
To Whom Paid Cingular				M	D	Y	Amount
				0	2	2	7
				0	7		533.74
Address PO Box 6416		Purpose Phone Equipment					
City Carol Stream		State I   L	Zip Code 60197	Check Number debit			