

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF JOHN O'GRADY												
To Whom Paid EXPENDITURES FROM FORM 31-F						M	D	Y	Amount			
						0	1	2	9	0	9	2,858.26
Address				Purpose 1/29/09 FUNDRAISER								
City				State	Zip Code	Check Number						
To Whom Paid EXPENDITURES FROM FORM 31-F						M	D	Y	Amount			
						0	3	1	0	0	9	1,929.24
Address				Purpose 3/10/09 FUNDRAISER								
City				State	Zip Code	Check Number						
To Whom Paid EXPENDITURES FROM FORM 31-F						M	D	Y	Amount			
						0	8	0	6	0	9	530.61
Address				Purpose 8/6/09 FUNDRAISER								
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						