Statement of Contributions Received

Prescribed by Secretary of State 3/05

| Name of Committee in Full | | | , , , , , , | | | | |
|---|---|----------|-------------|-----------------------------|--------------------------|--|--|
| Friends of O'Grady Committee | | | | | | | |
| Full Name of Contributor | | | Registra | Registration Number, if PAC | | | |
| Contributions from form 31-E - (2) | /17/08 Davies | FR) | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | Form (Cash, Check, etc.) | |
| 0: | Para | 7: 0-1- | | I B | 1 7 | \(\frac{1}{2} \cdot \cdo | |
| City | State | Zip Code | M | D | Y | Amount 2,080.00 | |
| Full Name of Contributor | | | Registra | tion Num | ber, if PA | С | |
| Contributions from form 31-E - (2) | /19/08 FR) | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | Form (Cash, Check, etc.) | |
| | | la. a . | | 1 = | | | |
| City | State | Zip Code | M | D | Y | Amount | |
| | | | | | | 27,385.00 | |
| Full Name of Contributor | | | Registra | ation Num | ber, if PA | .C | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | Form (Cash, Check, etc.) | |
| City | State | Zip Code | Гм | l D | ΙΥ | Amount | |
| City | | Zip couc | " | | li | , mount | |
| Full Name of Contributor Registration Number, if P | | | | | | C | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | Form (Cash, Check, etc.) | |
| City | State | Zip Code | М | D | Y | Amount | |
| | 1 | | | | | | |
| Full Name of Contributor | L | | Registra | ation Num | iber, if PA | C | |
| Street Address | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | | |
| | 0 | la: 0 1 | 1 | LB | 1 1/ | | |
| City | State | Zip Code | M | D | Y | Amount | |
| Full Name of Contributor Registration Num | | | | | | C | |
| | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | Form (Cash, Check, etc.) | |
| City | State | Zip Code | М | D | Y | Amount | |
| | | | | | 1 | | |
| Full Name of Contributor Registration Number, if P. | | | | | | iC | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | Form (Cash, Check, etc.) | |
| City | State | Zip Code | LM | T 5 | T v | A | |
| City | State | Zip Code | M | D | Y | Amount | |
| Full Name of Contributor | | 7 | Registra | ation Num | ber, if PA | C | |
| Street Address | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| | | | | | · | | |
| City | State | Zip Code | M | D | Y | Amount | |

Page Total \$ 29,465.00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]