Page	1
Page	<u> </u>

Statement of Contributions Received

Prescribed by Secretary of State 3/05

S							
Name of Committee in Full							
Friends of O'Grady C	ommittee			Dariet	tion M	her if DA	C
Full Name of Contributor	g Coo C 1	hoot Alfala	à	Registra	aon num	ber, if PA	
Regular Contribution Street Address	is-see spreads		Qupation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)
Onfor Undiess		Employer/Occi	-Farrors Paper Organization				Cabi, Silver, vic.)
City		State	Zip Code	М	D	Y	Amount
							25,170.00
Full Name of Contributor				Registra	tion Num	ber, if PA	
Contributions from for	orm 31-E - (Go						
Street Address	:		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
	:		la: A				1
City	•	State	Zip Code	M	D	Y	Amount 27 005 00
E-B-N	<u> </u>			0 8		0 7	27,085.00
Full Name of Contributor	21 T /T.	Il Dinnar		Kegistra	lion Num	ber, if PA	
Contributions from for Street Address	orm 31-E - (Fa.		upation/Labor Organization*				Form (Cash, Check, etc.)
On our Audiess	\$	Employer/Occi				1	
City		State	Zip Code	М	D	Y	Amount
, and the second				1 1	2 7	0 7	28,235.00
Full Name of Contributor	:					ber, if PA	
Contributions from fo	orm 31-E - (1/	17/08 Fundra	aiser)				
Street Address							Form (Cash, Check, etc.)
							
City		State	Zip Code	M	D	Y	Amount 0.114.00
				0 1	1 7		
Full Name of Contributor	04 T /4 /	22/00 12 1	nicom)	Registra	uon Num	ber, if PA	10
Contributions from fo	orm 31-E - (1/	LEmployer/Oct	2/08 Fundraiser) Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
Street Address		Втрюует Осс.					(5000, 5000, 500)
City		State	Zip Code	M	D	Y	Amount
				0 1	2 2	1 .	
Full Name of Contributor						ber, if PA	
Contributions from for	orm 31-E - (1/						
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
							1121010
City		State	Zip Code	M	D	Y	Amount 3,177
5 II V	· · · · · · · · · · · · · · · · · · ·					0 8	
Full Name of Contributor				Kegistra	auon Nun	iber, if PA	10
Street Address		Employer/Occi	upation/Labor Organization*				Form (Cash, Check, etc.)
I			Employer/Occupation Easter Organization				
City		State	Zip Code	М	D	Y	Amount
	<u></u> :		·				
Full Name of Contributor				Registra	ition Num	ber, if PA	VC .
							Form (Cash, Check, etc.)
Street Address	reet Address Employer/Occupation/			ion/Labor Organization*			
			7:- 0.1	- 1 : : -	T ~	 	
City	:	State	Zip Code	M	D	Y	Amount
L	61004	d commel commells com	adidatas If contributor is salf o				

* 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)]