

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full  EDIENIOS OF JOHN O'CRADY COMM	HTTEE						
FRIENDS OF JOHN O'GRADY COMMITTEE Full Name of Contributor				Registration Number, if PAC			
SEE ATTATCHED SPREADSHEET			2.35.5111				
Street Address	Employer/Occupation/Labor Organization*			Nacional Company (Company)		Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
						3,400.00	
Full Name of Contributor			Registr	ation Nun	iber, if P		
FROM FORM 31E							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
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City	State	Zip Code	M	D	Y	Amount	
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Full Name of Contributor			Registr	ation Nun	nber, if Pa	AC	
FROM FORM 31E	Trles : /O:	action/Lobor Oniti*				Form (Coah Chaste ata)	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
Cit.	State	Zip Code	M	D	Y	Amount	
City	State	Zap Code	0 3	1 .	$\begin{bmatrix} 1 & 0 \end{bmatrix}$	8	
Full Name of Contributor				The second section of the second	NAME AND ADDRESS OF THE OWNER, WHEN		
a di Palito Vi Communioi				Registration Number, if PAC			
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)	
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City .	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor			Registr	ation Nur	nber, if P.	AC	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
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City	State	Zip Code	M	D	Y	Amount	
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Full Name of Contributor Registration Number,						AC	
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check,							
Street Address	Employer/Occupation/Labor Organization				roini (Cash, Check, etc.)		
City	State	Zip Code	М	D	ΤŸ	Amount	
City			"				
Full Name of Contributor			Registr	ation Nur	nber, if P.	AC	
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Street Address	Employer/Occu	pation/Labor Organization*	Boursesson	ANTHOR ESPECIAL COMPANY CO.		Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor Registration Number, if PA					AC		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
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\* 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)]

Page Total \$ 48,424.00