Event Date	12/5/06
Page	1

Statement of Contributions Received at a Social or Fundraising Event

al or Fundraising Eve
Prescribed by Secretary of State 3/05

	Prescribed by Se	ecretary of State 3/05							
Name of Committee in Full Friends of O'Grady Commi	ttee								
Full Name of Contributor					Registration Number, if PAC				
See attached spreadsheet d	ated 12/05/06 Fall Di	nner							
Street Address	Employer/Occu	pation/Labor Organization*	М	D	Y	Amount			
			1 1	l i			375.00		
City	State	Zip Code	Form(C	ash,Chec	k,etc)		0.0.00		
			`	•	, ,				
Full Name of Contributor		<u> </u>	Registr	ation Nur	nber, if I	PAC			
Street Address	E-malovor/Occur	E-valor or /O compation /I shap O construction *		D	Y	Amount			
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		1 1	1 1	Aillouilt			
		Te: 0.1	P (6	1 01					
City	State	Zip Code	Form(C	Cash, Chec	k,etc)				
Full Name of Contributor		-	Registr	ation Nur	nher if I	AC.			
ruii Name of Contributor			Registi	ation Nui	noer, nr	AC			
Street Address	ress Employer/Occupation/Labor Organization*		М	D	ΙΥ	Amount			
Succi Address	Employer/Good	Employer/Occupation/Labor Organization			Ιì	mount			
City	State	Zip Code	Form(C	Cash,Chec	k etc)				
City	J	Zip Code	l'oim(c	ousii, Ciro	K,CiC)				
Full Name of Contributor	all Name of Contributor				Registration Number, if PAC				
					,				
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount	 		
				1 1					
City	State	Zip Code	Form(C	Cash,Chec	k,etc)				
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Full Name of Contributor		<u></u>	Registr	ation Nur	nber, if I	PAC			
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		D	Y	Amount			
				1 1					
City	State	Zip Code	Form(C	Cash,Chec	k,etc)				
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Full Name of Contributor			Registr	ation Nur	nber, if I	PAC			
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		D	Y	Amount			
City	State	Zip Code	Form(C	Cash,Chec	k,etc)				
•	l 1								
Full Name of Contributor			Registr	ation Nur	nber, if I	PAC			
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Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		D	Y	Amount			
		lar o i							
City	State	Zip Code	Form(C	Cash,Chec	k,etc)				
		I	1						

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	
		Page Total \$ 375.00
24.125.00	1.647.19	

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. It 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)]