31-A								
R.	C.	3517.10						

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							Registration Number, if PAC					
Contributions from Excel Spreadsheet	-Reon	lar						,				
Street Address	Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)			
See Attached	1 ' '	•	· ·									
City	S	tate	Zip Code	M		D	Т	Y	Amount			
	1	ł		Ì		l		1	2,800.00			
Full Name of Contributor		<u> </u>	· · · · ·	Reg	istrai	tion Nu	mbei	r, if PA				
Contributions from form No. 31-E (Go	lf Out	ing)										
Street Address	Employer/Occupation/Labor Organization*				- k				Form (Cash, Check, etc.)			
City	St	tate	Zip Code	M		D	Т	Y	Amount			
				0	8	0 3	3 (0 6	20,396.00			
Full Name of Contributor			· · · · · · · · · · · · · · · · · · ·	Reg	istrat	ion Nu	nber	r, if PA	.c			
Contributions from form No. 31-E (Fall Dinner)												
Street Address	Employe	er/Occup	ation/Labor Organization*						Form (Cash, Check, etc.)			
City	St	ate	Zip Code	М		D		Y	Amount			
				1	2	$0 \mid 5$	<u> </u>) 6	24,125.00			
Full Name of Contributor				Reg	istrat	tion Nut	nber	r, if PA	.C			
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)				
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City	St	ate	Zip Code	М		D		Y	Amount			
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Full Name of Contributor				Reg	istrat	ion Nur	nber	, if PA	.C			
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Street Address	Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)			
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City	St	ate I	Zip Code	M		D		Y	Amount			
P.JI M of Contributor		l		Dag	a t ma t	ion Nur		. EDA	C			
Full Name of Contributor				Keg	ISHAL	ion mui	HUEL	, п г д	i.C			
Street Address	Employe	r/000un	ation/Labor Organization*	Form (Cash, Check, etc.)								
Street Address	Employer/Occupation/Labor Organization								Porm (Cash, Check, etc.)			
City	St	ate	Zip Code	М		D	т-	Y	Amount			
City			Zip Code	1 "		ĺ		î.	Timount			
Full Name of Contributor		ļ	<u> </u>	Reg	strat	ion Nun	nher	ifPA	C			
Tan Hame of Control Control								,				
Street Address	Employer/Occupation/Labor Organization*							<u> </u>	Form (Cash, Check, etc.)			
3,000									(,,			
City	St	ate	Zip Code	М	·	D	Т	Y	Amount			
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Full Name of Contributor							Registration Number, if PAC					
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Street Address	Employer/Occupation/Labor Organization*				<u> </u>				Form (Cash, Check, etc.)			
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City	St	ate	Zip Code	М	\neg	D	Τ	Y	Amount			
				1 1								
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Page Total \$ 47,321.00

^{*} 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)]