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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full		AND Security Control of the Control				
FRIENDS OF JOHN O'GRADY						
Full Name of Contributor				tion Num	nber, if PA	.C
SEE ATTACHED SPREADSHEET						
Street Address	Employer/Occup	pation/Labor Organization*		<u> </u>		Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount 4,585.00
Full Name of Contributor			Registra	tion Num	nber, if PA	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			Registra	ation Nurr	nber, if PA	C
CONTRIBUTIONS FROM 31-E			ICOBILI-	HOH I varie	001, 11	1
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	$\begin{bmatrix} M \\ 0 \mid 1 \end{bmatrix}$	D 2 9	1 1	Amount 19,625.00
Full Name of Contributor		да на принципалнительного	Manager and the same of the sa		nber, if PA	VALVORADUS COMO PRODUCTO DE COMO PORTO DE CO
CONTRIBUTIONS FROM 31-E			Поры	11011 1	Dei, 1	
Street Address	Employer/Occup	pation/Labor Organization*	ı			Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
			1 .	1 0	1	
Full Name of Contributor	de la companya de la			Street Continue of the Continu	nber, if PA	
Street Address	Employer/Occup	pation/Labor Organization*	<u>I</u>	Example Control of the Control of th		Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor	Full Name of Contributor Registration Number, if Pa					
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			Registra	tion Num	nber, if PA	C
Street Address	Employer/Occup	/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor	iber, if PA	C				
Street Address	Employer/Occup	oation/Labor Organization*		minimum my my contractions		Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount

Page Total \$ 34,545.00

^{*} 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)]