Statement of Contributions Received
at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full
FRIENDS OF JOHN O'GRADY

Full Name of Contributor SEE ATTACHED SPREADSHEET			Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization*		M 0 8	D 0 6	Y 0 9	Amount	45,561.00
City	State	Zip Code	Form(Cash,Check,etc)				

Full Name of Contributor			Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)				

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City	State	Zip Code	Form(Cash,Check,etc)				

* 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)]

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 $
45,561.00	22,690.71	45,561.00