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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Friends of John O'Grady Committee							
Full Name of Contributor			Registration Number, if PAC				
FIFTH THIRD BANK							
Street Address	ation/Labor Organization*	Form (Cash, Check, etc.)					
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City	State	Zip Code	М	D	Y	Amount	
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Full Name of Contributor				tion Num			
Street Address				Form (Cash, Check, etc.)			
Street Address Employer/Occupation/Labor Organization*							
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Full Name of Contributor	her if PA	C					
Full Name of Contributor Registration Number, if							
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Full Name of Contributor Regist					egistration Number, if PAC		
et Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
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City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor	.C						
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	C						
Street Address	Employer/Occupation/Labor Organization*						
City	State	Zip Code	М	D	Y	Amount	
TRACEO CONTRACTOR CONT							
Full Name of Contributor Regis					egistration Number, if PAC		
Street Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
						Secretaria	
City	State	Zip Code	ΙM	D	ΙΥ	Amount	
		•	-				
Full Name of Contributor Registration Number, if PA						<u>.</u>	
Street Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
					- I I (Cook, Chief, Co.)		
City	State	Zip Code	M	I D	Υ	Amount	
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Page Total S 5.00

^{*} 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)]