Event Date	12/5/06
Page	1

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		eciciary of State 5/05							
Friends of O'Grady Comp	nittee								
Full Name of Contributor	Il Name of Contributor				Registration Number, if PAC				
See attached spreadsheet	dated 12/05/06 Fall Di	inner							
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		D	Y	Amount			
						1	24,125.00		
City	State	Zip Code	Form(C	ash,Chec	k,etc)				
Í	1								
Full Name of Contributor	• • • • • • • • • • • • • • • • • • • •	<del>- •</del>	Registra	ation Nun	iber, if P	AC			
Street Address	Employer/Occur	motion/Labor Organization*	M	D	Y	Amount	<del></del>		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		ľ	1	Amount			
City	State	Zip Code	Form(C	ash,Checl	k.etc)				
				,					
Full Name of Contributor					Registration Number, if PAC				
* W					•				
Street Address	Employer/Occu	pation/Labor Organization*	M	D	Y	Amount			
Stort Madison		2		1 1					
City	State	Zip Code	Form(C	ash,Checl	k,etc)				
•	1								
Full Name of Contributor				Registration Number, if PAC					
			<u>. l</u>						
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		D	Y	Amount			
City	State	Zip Code	Form(C	ash,Checl	k,etc)				
	<u> </u>								
Full Name of Contributor		<u>-</u>	Registra	ition Num	ber, if P	AC			
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		D	Y	Amount			
				1					
City	State	Zip Code	Form(C	ash,Checl	c,etc)				
Full Name of Contributor		•	Registra	ition Num	ber, if P	AC			
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		D	Y	Amount			
				1					
City	State	Zip Code	Form(C	ash,Checl	c,etc)				
		<u> </u>							
Full Name of Contributor			Registra	ition Num	ber, if P	AC			
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount			
City	State	Zip Code	Form(C	ash,Checl	(,etc)				
	i	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	
		P
	<b>)</b>	

Page Total \$ 24,125.00

<sup>\*</sup> 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)]