

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of O'Connor							
Full Name of Contributor James Borchers					Registration Number, if PAC		
Street Address 2125 Gay Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Kettering	State OH	Zip Code 45420-1404	M 11	D 30	Y 15	Amount \$50.00	
Full Name of Contributor Katharine Bowman					Registration Number, if PAC		
Street Address 1000 Urlin Ave Apt 610		Employer/Occupation/Labor Organization* Bailey Cavalieri LLC Lawyer			Form (Cash, Check, etc.) Credit Card		
City Columbus	State OH	Zip Code 43212-3328	M 01	D 22	Y 16	Amount \$250.00	
Full Name of Contributor Seth Bringman					Registration Number, if PAC		
Street Address 1143 Harrison Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State OH	Zip Code 43201-3375	M 11	D 24	Y 15	Amount \$50.00	
Full Name of Contributor Seth Bringman					Registration Number, if PAC		
Street Address 1143 Harrison Ave		Employer/Occupation/Labor Organization* Self-Employed Public Relations			Form (Cash, Check, etc.) Credit Card		
City Columbus	State OH	Zip Code 43201-3375	M 01	D 04	Y 16	Amount \$200.00	
Full Name of Contributor Kathryn Brod					Registration Number, if PAC		
Street Address 282 E Sycamore St		Employer/Occupation/Labor Organization* LeadingAge Ohio Executive			Form (Cash, Check, etc.)		
City Columbus	State OH	Zip Code 43206-2238	M 07	D 15	Y 15	Amount \$150.00	
Full Name of Contributor Michael Brown					Registration Number, if PAC		
Street Address 1142 Pennsylvania Ave		Employer/Occupation/Labor Organization* Experience Columbus Public Affairs			Form (Cash, Check, etc.) Credit Card		
City Columbus	State OH	Zip Code 43201-3338	M 01	D 27	Y 16	Amount \$250.00	
Full Name of Contributor Cash Contribution at an event					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City	State	Zip Code	M 01	D 07	Y 16	Amount \$50.00	
Full Name of Contributor Anthony Catalfamo					Registration Number, if PAC		
Street Address 4570 Laclede Ave Apt 204		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Saint Louis	State MO	Zip Code 63108-2149	M 01	D 28	Y 16	Amount \$10.00	

* 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)]