

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of O'Connor							
Full Name of Contributor Quentin Wathum-Ocama						Registration Number, if PAC	
Street Address 1958 Field Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City Saint Paul		State MN	Zip Code 55116-2649	M 09	D 14	Y 15	Amount \$100.00
Full Name of Contributor Quentin Wathum-Ocama						Registration Number, if PAC	
Street Address 1958 Field Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City Saint Paul		State MN	Zip Code 55116-2649	M 10	D 21	Y 15	Amount \$25.00
Full Name of Contributor John Weldon						Registration Number, if PAC	
Street Address 1 Bunker Hill Rd			Employer/Occupation/Labor Organization* Schulte Roth and Zabel Attorney			Form (Cash, Check, etc.)	
City Freehold		State NJ	Zip Code 07728-1382	M 11	D 05	Y 15	Amount \$250.00
Full Name of Contributor Steve Wermuth						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization* Partner Strategic Healthcare			Form (Cash, Check, etc.) Check	
City		State	Zip Code	M 10	D 13	Y 15	Amount \$1,000.00
Full Name of Contributor Owen Wolfe						Registration Number, if PAC	
Street Address 50 Battery Pl Apt 1R			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City New York		State NY	Zip Code 10280-1518	M 08	D 17	Y 15	Amount \$25.00
Full Name of Contributor 1-23-15- Total contributions from Form no. 31-E						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M 01	D 23	Y 16	Amount \$700.00
Full Name of Contributor 1-26-16- Total contributions from Form no. 31-E						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M 01	D 26	Y 16	Amount \$3,925.00
Full Name of Contributor 11-18 Event- Total contributions from Form no. 31-E						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M 11	D 19	Y 15	Amount \$1,390.00

* 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)]

Page Total \$7,415.00