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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						6	
Full Name of Contributor				Registration Number, if PAC			
SEE ATTACHED SPREADSHEET	TE 1/0					Form (Cash, Check, etc.)	
Street Address	Employer/Occu	rpation/Labor Organization*				roim (Cash, Check, etc.)	
City	State	Zıp Code	M	D	Y	Amount 5,250.00	
Full Name of Contributor		Registra	ation Num				
Full Name of Contributor			Rogisus		,		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
Cıty	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor			Registra	ation Num	ber, if PA	C	
CONTRIBUTIONS FROM 31-E		<u> </u>				Form (Cook Cheek etc.)	
Street Address	Employer/Occu				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	
1			0 8	0 6	0 9	45,561.00	
Full Name of Contributor			Registra	ation Nur	ber, if PA	AC .	
CONTRIBUTIONS FROM 31-E	In 1 /0					Form (Cash, Check, etc.)	
Street Address	Employer/Occi	upation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zıp Code	M	D	Y	Amount	
			0 1	<u>,                                    </u>			
Full Name of Contributor			Registra	ation Nun	ider, if PA	AC .	
Chase Bank	E1/O-0	upation/Labor Organization*			<del></del>	Form (Cash, Check, etc.)	
Street Address					Total (Casil, Check, Co)		
Ct	State	ee Reversed Zip Code	М	l D	Y	Amount	
City		Zip code	1 2	1 .			
Full Name of Contributor				ation Nun			
Chase Bank			1				
Street Address	Employer/Occo Bank F	Form (Cash, Check, etc )					
City	State	Zip Code	М	D	Y	Amount	
			1 2	2 2	0 9	25.00	
Full Name of Contributor				ation Nun			
Chase Bank							
Street Address	Employer/Occi	Form (Cash, Check, etc )					
		ee Reversed			T		
City	State	Zıp Code	м 1 2	D 2   4	$\begin{vmatrix} \mathbf{Y} \\ 0 \end{vmatrix} 9$	Amount 8.00	
Full Name of Contributor				ation Nun			
Chase Bank							
Street Address	Employer/Occupation/Labor Organization*  Bank Fee Reversed					Form (Cash, Check, etc )	
City	State	Zip Code	М	D	Y	Amount	
				2 4			

\* 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 \$ 51,375 00