Page	<u>1</u>	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

							
Name of Committee in Full							
Friends of O'Grady Committee		·	Daction	tion No. 1	har if D A	C	
Full Name of Contributor Contributions from Excel Spread cheet	Doggala		Kegistra	ition Numl	uer, it PA		
Contributions from Excel Spreadsheet	-Neguidi	pation/Labor Organization*	—			Form (Cash, Check, etc.)	
Street Address See Attached	Znipioyei/Occu	L]	
See Attached City	State	Zip Code	М	D	Y	Amount	
		1			1	3,800.00	
Full Name of Contributor	<u> </u>		Registra	tion Num	ber, if PA		
Contributions from form No. 31-E (Fal	ll Dinner)						
Street Address		pation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
			1 2				
Full Name of Contributor			Registra	ation Num	ber, if PA	vc	
Contributions from form No. 31-E (St.						France (Cook Charles)	
Street Address	Employer/Occu	npation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
		1	0 3	1 .	017	7,060.00	
Full Name of Contributor				ation Num			
Street Address	Employer/Occu	upation/Labor Organization*	-		h.	Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor		· ·	Registra	ation Num	ber, if P/	AC	
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
City							
Full Name of Contributor			Registra	ation Num	ber, if PA	AC	
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	
		•					
Full Name of Contributor			Registr	ation Num	iber, if P	AC	
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor			Registr	ation Nun	nber, if Pa	AC	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City	State	Zip Code	M	D	Y	Amount	
1.16 (7) (1.16) (1.16) (1.16) (1.16)		edidatas. If contributor is salf am	mloyed the	o a a umatio	n and the	nama of the	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. It contributor is self-employed, the occupation and the liable 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 \$ 11,235.00