Sheet1

FIRST	MIDDLE	I amounted the agreement	ADDRESS	CITY	STATE	EMPLOYER OCCUPATION OR LABOR ORGANIZATION	FORM OF CONTRIB	DATE OF CONTRIBUTION	AMOUNT	SCHED ULE DATE CODE
William	J.	Flaherty	2081 Tremont Rd	Columbus	ОН	43221 Franklin County/Deputy County Administrator	Check	4/23/2012	\$250.00	3/8/2012 31E
James		Schimmer	3771 Patricia Drive	Columbus	ОН	43220 Franklin County/Development Director	Check	8/10/2012	\$100,00	8/2/2012 31E
William	J.	Flaherty	2081 Tremont Road	Columbus	ОН	43221 Franklin County/Deputy County Administrator	Check	8/10/2012	\$300.00	8/2/2012 31E
Don	L.	Brown	3921 Lytham Court	Upper Arlington	OH	43220 Franklin County/County Admin	Check	8/27/2012	\$250.00	31A

\$900.00

The above are employees of a unit or department under the direct supervision and control of <u>lohn</u> O'Grady, who currently holds the public office of <u>Franklin Confidence</u>. I hereby affirm that each contribution was voluntarily made.

__(Signature of Treasurer or Deputy Treasurer)