

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends of O'Grady Committee</b>					
Full Name of Contributor <b>See attached spreadsheet - 1/30/08 Fundraiser</b>				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
				0	1
City		State	Zip Code	3	1
				0	8
				Amount <b>113,174.00</b>	
Form(Cash,Check,etc)					
Full Name of Contributor					
Street Address				Employer/Occupation/Labor Organization*	
				M	D
City				State	Zip Code
				Amount	
Form(Cash,Check,etc)					
Full Name of Contributor					
Street Address				Employer/Occupation/Labor Organization*	
				M	D
City				State	Zip Code
				Amount	
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				M	D
City				State	Zip Code
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				M	D
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				M	D
City				State	Zip Code
				Amount	
Form(Cash,Check,etc)					
Full Name of Contributor					
Street Address				Employer/Occupation/Labor Organization*	
				M	D
City				State	Zip Code
				Amount	
Form(Cash,Check,etc)					

\* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

113,174.00
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Total expenditures this event

205.00
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Page Total \$ #####
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