<b>n</b>	2
Page	<u> </u>

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

N. CO. Single P. H.				MANAGEM NA COMPANY	minere needs to		THE RELEASE OF THE PERSON OF T	
Name of Committee in Full								
Friends of John O'Grady				Registration Number, if PAC				
Full Name of Contributor	/00 E 3	con	nogiana	i vuili	, II i A	_		
Contributions from Form 31-E (9/10/		Ser) pation/Labor Organization*		Form (Cash, Check, etc.)				
Street Address	Employer/Occu	panon/Laoor Organization*				i om (casa, ci		
	Ctata	Zip Code	М	D	ΙΥ	Amount		
City	State	Lap Code	l IVI		1 1	Mount	2,500.00	
		Registration Number, if PAC				2,000.00		
Full Name of Contributor	(00)		Registra	mon ivan	ioci, ii i i	·C		
Contributions from Form 31-E (9/24)	(U8)	pation/Labor Organization*	<u>L</u>	(case) and (case)		Form (Cash, Cl	neck etc.)	
Street Address	Employer/Occu	pation/Labor Organization				om (casa, c	,oon, etc.,	
	State	Zip Code	М	D	ΙΥ	Amount		
City	State	Zip Code	'"	1 1			805.00	
T. I.D. C. C. skillston			Registra	ation Num	ber, if PA	<b>.</b>	000.00	
Full Name of Contributor	7/08/		in Gistit		, 11 1			
Contributions from Form 31-E (10/02	2/ U0)  Employer/Occu	mation/Labor Organization*			Marie British British	Form (Cash, C	heck, etc.)	
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				i orin (Cash, Check, etc.)		
Q.	State	Zip Code	М	D	Τγ	Amount		
City	State	Zip Code	'''				1,625.00	
			Registr	ation Nun	nber, if PA	1	1,020.00	
Full Name of Contributor	7 (00)		Registi	anon ivan	noci, ii i i			
Contributions from Form 31-E (10/0)		upation/Labor Organization*			eropas nikolak bilistotia	Form (Cash, C	heck. etc.)	
Street Address	Employer/Occi	apadour.Lavor Organization				1 (		
	Ctata	7 in Code	М	D	ΙΥ	Amount		
City	State	Zip Code	11/1		1	i sucum	545.00	
			Pagist-	otion Mi	nber, if P.	A.C.	343.00	
Full Name of Contributor	4./00\		Kegistr	ation intil	110c1, 11 P	10		
Contributions from Form 31-E (10/0-	4/08)	(08)			Form (Cash, Check, etc.)			
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*				onn (Casil, C	, c.c.,	
	Ctit	Zio Codo	М	l D	ΙΥ	Amount		
City	State	Zip Code	IVI	'	'	, anoun	205.00	
			n: ·	otion N	mber, if P	A.C.	200.00	
Full Name of Contributor	0. (00)		Registi	ation inul	moer, II P	n.c		
Contributions from Form 31-E (10/0						Form (Cash, C	hade ato i	
Street Address	Employer/Occ	upation/Labor Organization*				roini (Casil, C	MCCK, CIC.)	
		7:- 0-1-		15	T v	Amount		
City	State	Zip Code	М	D	Y	Amount	750.00	
				J.	mber ich	<b>1</b>	750.00	
Full Name of Contributor	E (00)		Registi	ration Nu	mber, if P	AC		
Contributions from Form 31-E (10/1	5/08)	£ 7 1 - 1 - 0		- monte service in the service of th		Form (Cash, C	Thork atal	
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*				rorm (Cash, C	zneck, etc.)	
		Id. O. I	1 17	T -	1 0	Amount	//	
City	State	Zip Code	M	D	Y	Amount	21 465 00	
				ĻĻ			21,465.00	
Full Name of Contributor	4 (00)		Regist	ration Nu	mber, if P	AC		
Contributions from Form 31-E (10/2	1/08)	/08)				17 (C)		
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
			<u> </u>	<del></del>	<del></del>	<u> </u>		
City	State	Zip Code	M	D	Y	Amount	40 400 ==	
							12,120.52	

Page Total \$ 40,015.52

<sup>\*</sup> 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)]