Event Date	1/27/10			
Page	86			

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

	Prescribed by Se	cretary of State 3/05					
Name of Committee in Full							
FRIENDS OF JOHN O'GI	RADY		<u> </u>			D.4.0	
Full Name of Contributor	Delleet	Kegistra	Registration Number, if PAC				
SEE ATTACHED SPREA		nation/Labor Organization*	М	D	Y	Amount	
Succi Addiess	Employen/Occup	Employer/Occupation/Labor Organization*					500.00
City	State	Zıp Code	0 1	ash,Chec		<u> </u>	000.00
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Full Name of Contributor			Registra	ation Nun	ber, if	PAC	
Street Address	Employer/Occur	pation/Labor Organization*	Н	D	Y	Amount	
Succi Addless	Employer/Cooup	Employer/Occupation/Labor Organization				7	
City	State	Zıp Code	Form(C	ash,Chec	k,etc)		
		1	,	-	•		
Full Name of Contributor			Registra	ation Nun	iber, if	PAC	
Street Address	Employer/Occur	pation/Labor Organization*	M D Y Amount				
Succe Address	iniproyer cooup	Juliois Empor O. Guinzanion	"		Ιì		
City	State	Zıp Code	Form(C	ash,Chec	k,etc)		
Full Name of Contributor		<u> </u>	Registr	ation Nun	nber, ıf	PAC	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D	Y	Amount	
City	State	Zıp Code	Form(Cash,Check,etc)				
Full Name of Contributor			Registr	ation Nun	nber, ıf	PAC	
Street Address	Employer/Occur	Transcription of the Comment of			ΙΥ	Amount	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D	1 1	Allouit	
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name of Contributor			Registr	ation Nun	nber, ıf	PAC	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D	Y	Amount	
City	State	Zip Code	Form(C	Cash,Chec	k,etc)		
Full Name of Contributor		<u> </u>	Registr	ation Nun	nber, ıf	PAC	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D	Y	Amount	
City	State	Zip Code	Form(C	Cash,Chec	k,etc)		
	i I	1					

\* 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 No 31-E" and list the date of the event in the date column

Total contributions this event	Total expenditures this event	
		Page Total \$500.00