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Page	2	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full	ATOMOVET							
FRIENDS OF JOHN O'GRADY COMMITTEE								
Full Name of Contributor					Registration Number, if PAC			
SEE ATTATCHED SPREADSHEET								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
Cin	State	Zip Code	Тм	D	Y	Amount		
City	State	2.p 0000		i	1	8,925.00		
Full Name of Contributor	<u> </u>		Registra	tion Num	ber, if PA			
			100-31					
FROM FORM 31E Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)		
Johnet Warress	Limprojvir Occupation Labor Organization							
City	State	Zip Code	М	D	Y	Amount		
			0:8	0:5	1:0	32,840.00		
Full Name of Contributor					iber, if PA			
FROM FORM 31E								
Street Address	Employer/Occu	pation/Labor Organization*	-		,	Form (Cash, Check, etc.)		
	Cinkroles and a Branch and a Br							
City	State	Zip Code	М	D	Y	Amount		
,	J 1	1	1 2	0 2	1 0	2,851.00		
Full Name of Contributor					ber, if PA			
an i and of Controller								
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)		
Mari Lowes						1		
City	State	Zip Code	М	D	Y	Amount		
,	i		į	:				
Full Name of Contributor		_ <u></u>	Registra	ation Nur	nber, if PA	AC .		
Street Address	pation/Labor Organization*	Form (Cash, Check, etc.)						
	tieri Autress							
City	State	Zip Code	M	D	Υ	Amount		
 /	1	<u>'</u>	i		;			
Full Name of Contributor	L		Registr	ation Nur	nber, if Pa	AC .		
Strect Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
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Full Name of Contributor			Registr	ation Nur	noer, if Pa	AC		
			Ī					
Street Address		upation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
ľ	1			1	1			
Full Name of Contributor		<u> </u>	Registr	ation Nu	nber, if P	AC		
1			1					
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
1								
City	State	Zip Code	М	D	Y	Amount		
				i				
Large transfer of the second s						unma of the		

Page Total \$ 44,616.00

^{*} 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)]