Page	1

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Friends of John O'Grady							
Full Name of Contributor		. Registra	Registration Number, if PAC				
General Contributions-See S							
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	ΙΥ	Amount	
		Lip code	1 "				
Full Name of Contributor		<u>- </u>	Pagistr	ation Nun	nber, if PA	1,291.04	
General Contributions-See S	Spreadsheet Attatch	nd	Kegisti	111011 11411	11001, 11 1 7		
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
	Employer/Occupation/ Digamization						
City	State	Zip Code	М	D	Y	Amount	
			1 [1		2,710.54	
Full Name of Contributor			Registra	tion Nun	nber, if PA		
General Contributions-See S	preadsheet Attatche	ed					
Street Address		upation/Labor Organization'	*			Form (Cash, Check, etc.)	
·							
City	State	Zip Code	М	D	Y	Amount	
				\perp	1 1	5,308.89	
Full Name of Contributor			Registra	tion Nun	ber, if PA		
General Contributions-See S	preadsheet Attatche	ed					
Street Address		upation/Labor Organization*	- L			Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
						75,115.00	
Full Name of Contributor			Registra	tion Num	ber, if PA		
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
					1 1		
Full Name of Contributor		Registration Number, if PA					
Contributions from Form 31-	-E (2/19 FR)						
Street Address		Employer/Occupation/Labor Organization*					
•	İ					, , ,	
City	State	Zip Code	М	D	Y	Amount	
			1	1	1	2,750.00	
Full Name of Contributor			Registrat	tion Num	ber, if PA		
Contributions from Form 31-	E (2/25 Garner FR)						
Street Address		pation/Labor Organization*				Form (Cash, Check, etc.)	
						, , , , , , , , , , , , , , , , , , , ,	
City	State	Zip Code	М	D	ΓΥ	Amount	
			1 1			560.00	
Full Name of Contributor			Registrat	ion Numl	ber, if PA		
Contributions from form 31-	E (2/25 Fran Rvan E	event)	ļ ⁻				
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
						(sie.)	
City	State	Zip Code	М	D	Y	Amount	
						1,655.00	
						1,000.00	

* 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)]

Page Total \$ 89,390.47