31-E R.C. 3517.10(B)

1.747.00

Event	Date	10/22/08
Page	popularing	1

Page Total \$ <u>1,747.00</u>

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Se	ecretary of State 3/05			har in the black desired with the			
Name of Committee in Full								
Friends of John O'Grady Full Name of Contributor		Registration Number, if PAC						
See Attatched Spreadsheet	- FR 10/22/08	0/22/08			1 3/	1.		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		D	Y	Amount	1,747.00	
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
Full Name of Contributor			Registra	tion Nun	iber, if P	AC		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		D	Y	Amount	opera en meneral special meneral se se constitución de la constitución de la constitución de la constitución d	
City	State	Zip Code	Form(C	ash,Chec	k,ete)			
Full Name of Contributor	Registration Number, if PAC							
Street Address	Employer/Occu	pation/Labor Organization*	М	D	Y	Amount	<u> </u>	
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
Full Name of Contributor	Registration Number, if PAC							
Street Address	Employer/Occu	pation/Labor Organization*	М	D	Y	Amount		
City	State	Zip Code	Form(C	Form(Cash,Check,etc)		1		
Full Name of Contributor			Registra	ation Nur	nber, if P	PAC		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		D	Y	Amount		
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
Full Name of Contributor	Registration Number, if PAC							
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount		
City	State	State Zip Code		Form(Cash,Check,etc)			11.27	
ll Name of Contributor				Registration Number, if PAC				
Street Address	Employer/Occi	ipation/Labor Organization*	M	D	Y	Amount		
City	State	State Zip Code		Form(Cash,Check,etc)				
equired for contributions from individuals over \$100 vidual's business, if any, rather than employer should inization of which the employees are members, if any Fill in the boxes below only on the last page for this Transfer the Total contributions for this event to for in the date column.	be listed. If two or more employees c y, must appear. [R.C. 3517.10(B)(4)] event.	ontribute via payroll deduction :	and exceed t	he aggres	gate of S	100, the labor	ent	
Total contributions this event	Total expenditures	this event					VIIICOSTO A TRACESSO CARROLLO SE SANTANCIO DE TRACESSO CONTRACTOR DE	