| 3  | 1- | E  |     |     |    |
|----|----|----|-----|-----|----|
| R. | C. | 35 | 17. | 100 | B) |

| Event Date | 2-28-08 |
|------------|---------|
| Page       | 1       |

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

|  | Prescribed by S                         | ecretary of State 3/05  |                             |            |             |               |            |
|--|---|---|-----------------------------|------------|-------------|---------------|------------|
| Name of Committee in Full Friends of John O'Grady  |   |   |                             |            |             |               | ·511.55.** |
| Full Name of Contributor   | /00 N # T                               | · · · · · · · · · · · · · · · · · · ·                               | Registra                    | tion Nun   | ber, if PA  | AC            |            |
| See Attatched Spreadsheet-2/28   | / 08 Moran Fund                         | iraiser   | М                           | D          | ΙΥ          | Amount        |            |
| Street Address   | Employer/Occupation/Labor Organization* |   |                             |            |             | Amount        | 1,140.00   |
| City   | State                                   | Zip Code  |                             | ash,Chec   |             |               |            |
| Full Name of Contributor   |   |   | Registra                    | tion Nun   | nber, if P  | AC            |            |
| Street Address   | Employer/Occupation/Labor Organization* |   | М                           | D          | Y           | Amount        |            |
| City   | State                                   | Zip Code  | Form(C                      | ash,Chec   | k,etc)      |               |            |
| Full Name of Contributor   | ana di manada                           | <u> </u>  | Registration Number, if PAC |            |             |               |            |
| Street Address   | Employer/Occupation/Labor Organization* |   | M                           | D          | Y           | Amount        |            |
| City   | State                                   | Zip Code  | Form(C                      | ash,Chec   | k,etc)      |               |            |
| Full Name of Contributor   |   |   | Registra                    | ition Nur  | nber, if P  | AČ            |            |
| Street Address   | Employer/Occupation/Labor Organization* |   | M                           | D<br>      | Y           | Amount        |            |
| City   | State                                   | Zip Code  | Form(Cash,Check,etc)        |            |             |               |            |
| Full Name of Contributor   |   |   | Registra                    | ation Nur  | nber, if P  | AC            |            |
| Street Address   | Employer/Occupation/Labor Organization* |   | M                           | D          | Y           | Amount        |            |
| City   | State Zip Code                          |   | Form(Cash,Check,etc)        |            |             |               |            |
| Full Name of Contributor   |   |   | Registra                    | ation Nur  | nber, if P. | AĈ            |            |
| Street Address   | Employer/Occu                           | pation/Labor Organization*  | М                           | D          | Y           | Amount        |            |
| City   | State                                   | Zip Code  | Form(C                      | ash,Cheo   | k,etc)      |               |            |
| ill Name of Contributor  |   |   | Registration Number, if PAC |            |             |               |            |
| Street Address   | Employer/Occupation/Labor Organization* |   | M                           | D          | Y           | Amount        |            |
| City   | State                                   | Zip Code  | Form(C                      | ash,Chec   | ck,etc)     |               |            |
| equired for contributions from individuals over \$100 to statew vidual's business, if any, rather than employer should be listed | ide and general assembly can            | didates. If contributor is self-emontribute via payroll deduction a | nployed, the                | occupation | on and the  | e name of the |            |
| inization of which the employees are members, if any, must a   |   |   |                             |            |             |               |            |

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

| Total contributions this event | Total expenditures this event |                        |
|--------------------------------|-------------------------------|------------------------|
|                                |                               | Page Total \$ 1.140.00 |
| 1.140.00                       |                               |                        |