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FEC  
FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

O'Grady for Congress

ADDRESS (number and street)

6328 Hastings Drive

(Check if address  
is changed)

North Olmsted

OH

44070

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

president@wideopenwest.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.OGRADY08.com

COMMITTEE'S FAX NUMBER

440 - 779 - 0877

2. DATE

12 / 11 / 2007

3. FEC IDENTIFICATION NUMBER ▶

C

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Signature of Treasurer

Terrie L. Arcuri

Date

12 / 11 / 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2003)

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5. TYPE OF COMMITTEE (Check One)

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate Thomas E. O'Grady

Candidate Party Affiliation  Dem  Rep  Ind  Other

Office Sought:  House  Senate  President

State  AL  AK  AR  AZ  CA  CO  CT  DC  DE  FL  GA  HI  IA  IL  IN  KS  KY  LA  MA  MD  ME  MI  MN  MO  MS  MT  NC  ND  NH  NJ  NM  NV  NY  OH  OK  OR  PA  RI  SC  SD  TN  TX  UT  VT  WA  WI  WY

District  1  2  3  4  5  6  7  8  9  10  11  12

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

- (d)  This committee is a  National  State  or subordinate committee of the  Democratic  Republican, etc.) Party.
- (e)  This committee is a separate segregated fund.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

None

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_

- Type of Connected Organization:
- Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative

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Write or Type Committee Name

O'Grady for Congress

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name Albert V. Fratini

Mailing Address 23156 Stoneybrook Drive

North Olmsted OH 44070

Title or Position CITY STATE ZIP CODE

Custodian Telephone number 440 734 2865

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Terrie L. Arcuri

Mailing Address 6328 Hastings Drive

North Olmsted OH 44070

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 440 777 1270

Full Name of Designated Agent Thomas P. Kemmett

Mailing Address 6131 Somerset Drive

North Olmsted OH 44070

Title or Position CITY STATE ZIP CODE

Assistant Treasurer Telephone number 440 779 9312

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9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

National City Bank

Mailing Address

4600 Great Northern Boulevard

North Olmsted OH 44070

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission  
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 The FEC added this page to the end of this filing to indicate how it was received.

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Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

 12/19/07  
**PREPARER** **DATE PREPARED**

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