

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>McGrady for Reynoldsburg Council-At-Large</b>							
Full Name of Contributor <b>Elizabeth McGrady</b>					Registration Number, if PAC		
Street Address <b>211 Cathedral Court</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Newark</b>	State <b>NJ</b>	Zip Code <b>07104</b>	M <b>0</b>	D <b>5</b>	Y <b>0 4 0 9</b>	Amount <b>\$25.00</b>	
Full Name of Contributor <b>Ray E Richardson</b>					Registration Number, if PAC		
Street Address <b>P.O. Box 328652</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43232</b>	M <b>0</b>	D <b>4</b>	Y <b>2 7 0 9</b>	Amount <b>\$100.00</b>	
Full Name of Contributor <b>Mario Ciardelli</b>					Registration Number, if PAC		
Street Address <b>23 West Second Avenue</b>		Employer/Occupation/Labor Organization* <b>I.B.E.W. Local Union 683</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>20001</b>	M <b>0</b>	D <b>5</b>	Y <b>2 5 0 9</b>	Amount <b>\$500.00</b>	
Full Name of Contributor <b>Allstate Insurance (Steve Miller)</b>					Registration Number, if PAC		
Street Address <b>7606 Slate Ridge Blvd</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Reynoldsburg</b>	State <b>OH</b>	Zip Code <b>43068</b>	M <b>0</b>	D <b>6</b>	Y <b>0 5 0 9</b>	Amount <b>\$25.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b>OH</b>	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b>OH</b>	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b>OH</b>	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b>OH</b>	Zip Code	M	D	Y	Amount	

\* 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 also appear. [R.C. 3517.10(B)(4)]