

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full McGRADY FOR REYNOLDSBURG COUNCIL-AT-LARGE							
Full Name of Contributor RAY & JANET ADAMS					Registration Number, if PAC		
Street Address 7498 BUNKER RIDGE CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City BLACKLICK	State OH	Zip Code 43004	M 09	D 16	Y 09	Amount \$50.00	
Full Name of Contributor HARRIETT ROBINSON					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City Colts.	State OH	Zip Code	M 10	D 16	Y 09	Amount \$25.00	
Full Name of Contributor ANDY DOUGLAS					Registration Number, if PAC		
Street Address 914 CONGRESSIONAL WAY		Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State OH	Zip Code 43235	M 10	D 12	Y 09	Amount \$100.00	
Full Name of Contributor COLS FRAN CTY-AFL-CIO-PCE					Registration Number, if PAC		
Street Address 1545 ALUM CREEK DR 2ND FIR		Employer/Occupation/Labor Organization* FRANKLIN CTY-AFL-CIO-PCE			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State OH	Zip Code 43209	M 10	D 14	Y 09	Amount \$250.00	
Full Name of Contributor BERNARD HYSRAW					Registration Number, if PAC		
Street Address P.O. BOX 7402		Employer/Occupation/Labor Organization* MILITARY			Form (Cash, Check, etc.) CASH		
City LAKE CITY	State OH	Zip Code 43001	M 10	D 13	Y 09	Amount \$100.00	
Full Name of Contributor WILLIAM HANKINS					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization* MILITARY			Form (Cash, Check, etc.) CASH		
City	State OH	Zip Code	M 10	D 08	Y 09	Amount \$40.00	
Full Name of Contributor LUKE OWENS JR.					Registration Number, if PAC		
Street Address 16809 HARVARD AVE		Employer/Occupation/Labor Organization* CUYAHOGA CTY			Form (Cash, Check, etc.) CHECK		
City CLEVELAND	State OH	Zip Code 44128	M 10	D 18	Y 09	Amount \$25.00	
Full Name of Contributor WENDELL TUCKER					Registration Number, if PAC		
Street Address 935 MAHLE DR		Employer/Occupation/Labor Organization* FEDERAL WORKER			Form (Cash, Check, etc.) CHECK		
City REYNOLDSBURG	State OH	Zip Code 43068	M 10	D 19	Y 09	Amount \$100.00	

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

Page Total **\$690.00**