Statement of Loans Received

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				Prescrib	ed by Sec	retary of	State 3/05				
Full Name of Committee McGrady for Reynoldsburg	Counci	l-At-La	rge								
From Whom Received Cornelius McGrady III							Prior Am \$0.0			Amt. Incurred this Period \$2,364.00	
Address 8675 Kingsley Drive											Outstanding Balance \$940.00
^{City} Reynoldsburg	St; ate	Zip Cod 43068		Γ	Loar Date	s Receiv	ed This Period Amount		I Date	'ayments	This Period Amount
Date Loan was originally Incurred Registration Number, if PAC	1 0	2 ^D 5	0 9	1 0	2 5	0 9	\$ \$2,364.00	1 1	3 0	0 9	\$ \$1,424.00
Employer/Occupation/Labor Organization*			M	D	Y		M	D	Y		
From Whom Received Cornelius McGrady III	yyanasi, on George Sala (1866)	ller Territoria de la Territoria de la Colonia de La Co						Prior Am	ount		Amt. Incurred this Period
Address 8675 Kingsley Drive											Outstanding Balance FORG-IVEN
^{City} Reynoldsburg	St; ate OH	Zip Cod 43068		I	Loar Date	ıs Receiv	ed This Period Amount		I Date	Payments	This Period Amount
Date Loan was originally Incurred	м 1 0	2 5	0 9	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC				M	D	Y		M	D:	Y	
Employer/Occupation/Labor Organization*			M	D	Y		M.	D:	Y		
From Whom Received		Accessed to the second						Prior Am	ount		Amt. Incurred this Period
Address											Outstanding Balance
City	St ate OH	Zip Cod	e	Г	Loar Date	ıs Receiv	red This Period Amount		I Date	Payments	This Period Amount
Date Loan was originally Incurred	М	. D	Y	M	D:	Y	\$	M	D	Y	\$
Registration Number, if PAC				M	D	Y		M:	D	Y	
Employer/Occupation/Labor Organization*			M:	D	Y		M	D	Y		
* Required for contributions from ind the individual's business, if any, rath labor organization of which the emp	ner than er	nployer s	hould be li	sted. If t	wo or m	ore emp	loyees contribute v	ributor is self ia payroll ded	employe	ed, the oc and exceed	cupation and the name of d the aggregate of \$100, the
If a loan is forgiven, write "Forgi Income (Form No. 31-A-2). Tran Balance to the Cover page (Form	sfer total	of all pa	standing I syments m	Balance nade in t	" space this per	. Trans iod to tl	fer total of all loa he Statement of E	ns received expenditures	this per (Form l	iod to th	ne Statement of Other B). Transfer Outstanding
¹ Total prior amount \$\$0.0	00										

¹ Total prior amount \$\$0.	00	
² Total received this period \$	\$2,364.00	(To Form No. 31-A-2)
³ Total payments this period \$ _	\$1,424.00	(To Form No. 31-B)
⁴ Total Outstanding Balance \$ _	\$940.00	(To Form No. 30-A)