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Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Committee To Elect Cornelius McG	rady III						
Full Name of Contributor	Registra	Registration Number, if PAC					
Andy & Sue Douglas							
Street Address 914 Congressional Way	Employer/Occu	pation/Labor Organization				Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43235	1 1	D D 4	1 1	Amount \$100.00	
Full Name of Contributor		7700-1	Registra	ation Numb	ber, if PA	AC	
Mike & Kathy Armstrong							
Street Address 9007 Trinity Court	Employer/Occu	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check	
City Reynoldsburg	Stake OH	Zip Code 43068	1 1	0 5	Y 1 1	Amount \$50.00	
Full Name of Contributor Linda Mosley				Registration Number, if PAC			
Street Address 391 Greenapple PLace	Employer/Occu	ipation/Labor Organization*	_ _			Form (Cash, Check, etc.) Check	
City Pataskala	State OH	Zip Code 43062	M 1 1	0 6	1 1	Amount \$25.00	
Full Name of Contributor Coalition Of Black Trade Unionists(CBTU)	•	Registra	ation Numl	ber, if P/	NC .	
Street Address P.O. Box 24293	Employer/Occu	pation/Labor Organization*	- 0			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43224	1 1	0 B	1 1	Amount \$50.00	
Full Name of Contributor James & Joyce Howard			Registra	ation Num	ber, if Pa	AC	
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
1279 Glenview St						Check	
City Reynoldsburg	Stake OH	Zip Code 43068	1 1 1	1 0	1 1	Amount \$25.00	
Full Name of Contributor James Chambers					Registration Number, if PAC		
Street Address 8645 KINGSLEY DR.	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Reynoldsburg	Stake OH	Zip Code 43068	1 1	0 2	1 1	Amount \$50.00	
Full Name of Contributor IBEW			Registra	ation Num	ber, if Pa	AC	
Street Address P.O. Box 8127	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	Stake OH	Zip Code 43201	1 1	D 1 4	1 1	Amount \$500.00	
Full Name of Contributor			Registra	ation Num	ber, if Pa	AC	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	Stake OH	Zip Code	М	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)]