

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full FRIENDS & McGRADY							
Full Name of Contributor CORNELIUS McGRADY III						Registration Number, if PAC	
Street Address 8675 KINGSLEY DR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City REYNOLDSBURG		State OH	Zip Code 43068		M 02	D 06	Y 17
						Amount 50.00	
Full Name of Contributor CORNELIUS McGRADY III						Registration Number, if PAC	
Street Address 8675 KINGSLEY DR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City REYNOLDSBURG		State OH	Zip Code 43068		M 04	D 14	Y 17
						Amount 25.00	
Full Name of Contributor CALVIN McLEOD						Registration Number, if PAC	
Street Address 1380 BOSWORTH PLACE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City Columbus		State OH	Zip Code 43229		M 04	D 19	Y 17
						Amount 100.00	
Full Name of Contributor COWLIN INSURANCE AGENCY LLC						Registration Number, if PAC	
Street Address 7604 STATE RIDGE BLVD			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City REYNOLDSBURG		State OH	Zip Code 43068		M 05	D 11	Y 17
						Amount 50.00	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	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 OH	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 OH	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 OH	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)]