Statement of Contributions Received

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Prescribed by Secretary of State 03/05

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Name of Committee in Full							
FIZIEN ds 4 MeGizitation Number, if PAC							
_			Registrat	ion Nur	ber, if PA	IC	
CORLETIUS MCGRADY III							<u> </u>
	Employer/Occupa	tion/Labor Organization*	- 			Form (Cash, C	heck, etc.)
8675 KINGS/4-, DR		<u></u>					
	State	Zip Code	M	D	Y	Amount	
Pull Name of Contributor	OH	43068	02	06	17	3	50.00
			Registrat	ion Nun	ber, if PA	C	
CORNElius McGRAdyTIE			1				1
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, C	beck, etc.)		
2175 Kingslandy		-					}
8675 Kinnsly on	State	Zip Code	M	D	Y	Amount	
126 1 Moldshor	OH	43068	04	14	17	2.	5.00
Full Name of Contributor		1.7778		<u> </u>	ber, if P		1
CAIVIN Meller Address Employer/Occupation/Labor Organization Form (Cash, Check							İ
Street Address	Employer/Occurs	tion/Labor Organization				Form (Cash, C	heck, etc.)
	Employer/Occupation/Labor Organization*				· ` '		
1380 BOSWERTH PLACE	State	Zip Code	M	D	Y	/ O /	7
C. 1. 1	OH	\ -	04	(17		0.00
City Celumbus Full Name of Contributor		43229			ber, if P		0,00
			irogisti at		, 11 I'		1
COWLIN INSURANCE AGE. Street Address	rey LL	<u>C</u>				Form (Cash, C	Theck etc.)
	Employer/Occupa	uton/Labor Organization					1
7604 Slote Ridge Bluf	1	17:- C-4-	1 12		TV	7/0	1
	State	Zip Code	M	D	Y	Amount	
120-1 Holdsbung	ОН	43068	05		17	سرسونسو	.00
Full Name of Contributor			Registra	tion Nun	nber, if PA	AC .	
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*				Form (Cash, C	heck, etc.)
	1						
City	State	Zip Code	М	D	Y	Amount	
	OH						
Full Name of Contributor Registration Number, if PAC							
Street Address	Employer/Occupation/Labor Organization		Fe			Form (Cash,	Check, etc.)
City	State	Zip Code	M	D	Y	Amount	·
	OH						
Full Name of Contributor			Registra	tion Nur	nber, if P	AC	
Street Address	Employer/Occum	ation/Labor Organization*			***************************************	Form (Cash,	Check, etc.)
Employer Ocupation Daton Organization							
City	State	Zip Code	М	D	Y	Amount	
	ОН						
Full Name of Contributor	<u> </u>		Registra	tion Nor	nber if P	AC	
Full Name of Contributor Registration Number, if PAC							
6	T=					Form (Cast	Chack ata\
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash,	CHECK, etc.)
	1	12: 6 1	1	T 6	1 32	 	
City	State OH	Zip Code	M	D	ľ	Amount	
	T OH	<u> </u>				<u> </u>	

Page Total 225.00

^{*} 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)]