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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Friends of Mildred Johnson							
Il Name of Contributor Registration Nu			tion Num	ber, if PA	vC		
_ Cornelios McGrady III			í				
Street Address	Employer/Occup	pation/Labor Organization	1*			Form (Cash, Check, etc.)	
8675 Kingsley Dr		, , , , , , , , , , , , , , , , , , , ,				Check	
City	State	Zip Code	М	D	Y	Amount	
Reynoldsburg	ОН	43068	0 9	J	1.7	100.00	
Full Name of Contributor		1 43000		tion Num			
	Officer LLC		Registia	aion Num	oei, ii ra		
Kristin Bryant/Bryant Law Street Address		pation/Labor Organization	<del></del>			F (0 1 0 1 1 1)	
	Employer/Occup	bation/Labor Organization	1*			Form (Cash, Check, etc.)	
538 E Rich St		<del></del>			,	Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	O H	43215	0 9	2.9	1 7	250.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	vC	
Christopher Marlowe Shook	<b>.</b>						
Street Address	Employer/Occup	nation/Labor Organization	n*			Form (Cash, Check, etc.)	
572 Hunnicut Dr	1					Check	
City	State	Zip Code	M	D	Y	Amount	
Reynoldsburg	OH	43068	0 9	2 9	1 7	500.00	
Full Name of Contributor		<del></del>		tion Num			
Street Address	Employer/Occur	oation/Labor Organization	<del> L</del>			Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
jon.	Siaic	)	)	]			
Full Name of Contributor	<del></del> _	L	Pagistra	tion Num	har if DA	<u> </u>	
i an reque of Contributor			Registia	tion raun	oci, ii i A		
Street Address	Employer/Quay	oation/Labor Organization	<u> </u>			Form (Cash, Check, etc.)	
Street Address	Employer/Occup	ation/Labor Organization	1.			rottii (Casii, Cileck, etc.)	
0:		77: 0.1		T 5	1 37	<del></del>	
City	State	Zip Code	M	D	Y	Amount	
		<u> </u>		<u> </u>		<u></u>	
Full Name of Contributor Registration Number, if				ber, if PA	AC .		
	<del> </del>						
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
						<u> </u>	
City	State	Zip Code	М	D	Y	Amount	
				<u> </u>		<u></u>	
Full Name of Contributor			Registra	tion Num	ber, if PA	C .	
			[				
Street Address	Employer/Occup	oation/Labor Organization	*			Form (Cash, Check, etc.)	
	]					1	
City	State	Zip Code	М	D	Y	Amount	
	ļ			i		ì	
Full Name of Contributor	<del> </del>	<del></del>	Registra	tion Num	ber, if PA	AC .	
			l -				
Street Address	Employer/Occur	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)				Form (Cash, Check, etc.)	
<del></del>							
City	State	Zip Code	M	D	Ý	Amount	
	State		\	1		ł	
L		<u> </u>		<u> </u>		<del></del>	

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

Page Total \$	850.00