31-A
R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full
Committee To Elect Cornelius McGrady III

Full Name of Contributor	Registration Number, if PAC							
Andy & Sue Douglas								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
914 Congressional Way								Check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Columbus	OH	43235	11	04	11			$100.00
Full Name of Contributor	**Registration Number, if PAC**							
Mike & Kathy Armstrong								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
9007 Trinity Court								Check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Reynoldsburg	OH	43068	11	05	11			$50.00
Full Name of Contributor	**Registration Number, if PAC**							
Linda Mosley								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
391 Greenapple PLace								Check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Pataskala	OH	43062	11	06	11			$25.00
Full Name of Contributor	**Registration Number, if PAC**							
Coalition Of Black Trade Unionists(CBTU)								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
P.O. Box 24293								Check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Columbus	OH	43224	11	08	11			$50.00
Full Name of Contributor	**Registration Number, if PAC**							
James & Joyce Howard								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
1279 Glenview St								Check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Reynoldsburg	OH	43068	11	10	11			$25.00
Full Name of Contributor	**Registration Number, if PAC**							
James Chambers								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
8645 KINGSLEY DR.								Check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Reynoldsburg	OH	43068	11	02	11			$50.00
Full Name of Contributor	**Registration Number, if PAC**							
IBEW								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
P.O. Box 8127								Check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Columbus	OH	43201	11	14	11			$500.00
Full Name of Contributor	**Registration Number, if PAC**							
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
	OH							

* 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)]

Page Total $800.00