

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full McGrady for Reynoldsburg Council-At-Large						
Full Name of Contributor Carmen Phillips				Registration Number, if PAC		
Street Address 2997 Easthaven Ct S		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43232	M 0	D 4	Y 1	Amount \$20.00
Full Name of Contributor Marlene Hill-Powell				Registration Number, if PAC		
Street Address 3432 Ontario St		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43224	M 0	D 4	Y 0	Amount \$20.00
Full Name of Contributor Tammie Johnson				Registration Number, if PAC		
Street Address 794 North Starr Drive		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Pickerington	State OH	Zip Code 43147	M 0	D 4	Y 1	Amount \$25.00
Full Name of Contributor Yvonne Watson				Registration Number, if PAC		
Street Address 1210 Reserve Drive		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Reynoldsburg	State OH	Zip Code 43068	M 0	D 4	Y 1	Amount \$50.00
Full Name of Contributor Luke Owens Sr.				Registration Number, if PAC		
Street Address 3330 Warrensville Ctr Rd. #502		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Shaker Heights	State OH	Zip Code 44122	M 0	D 4	Y 1	Amount \$200.00
Full Name of Contributor Carolyn L. Nellon				Registration Number, if PAC		
Street Address 619 Boxford Lane		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43213	M 0	D 4	Y 1	Amount \$200.00
Full Name of Contributor Car Care of Reynoldsburg (Mike Moyer)				Registration Number, if PAC		
Street Address 6273 E Main St		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Reynoldsburg	State OH	Zip Code 43068	M 0	D 4	Y 0	Amount \$100.00
Full Name of Contributor Linda Mosley				Registration Number, if PAC		
Street Address 391 Greenapple Way		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Pataskala	State OH	Zip Code 43062	M 0	D 4	Y 2	Amount \$25.00

* 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)]