Statement of Contributions Received

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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 I	Registration Number, if PAC	
Street Address	F1	*		Form (Cash, Check, etc.)	
2997 Easthaven Ct S	Employer/Occi	ipation/Labor Organization*		Check	
City Columbus	State OH	Zip Code 43232	0 4 1 7 0 9	Amount \$20.00	
Full Name of Contributor			Registration Number, if I	PAC	
Marlene Hill-Powell					
Street Address 3432 Ontario St	Employer/Occupation/Labor Organization*		-	Form (Cash, Check, etc.) Check	
City	State	Zip Code	M: D: Y:	Amount	
Columbus	OH	43224	040209	\$20.00	
Full Name of Contributor Tammie Johnson			Registration Number, if I	Registration Number, if PAC	
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)	
794 North Starr Drive				Check	
City Pickerington	OH.	Zip Code 43147	$\begin{bmatrix} 0 & 4 & 1 & 7 & 0 \end{bmatrix}$	Amount \$25.00	
Full Name of Contributor			Registration Number, if I	PAC	
Yvonne Watson				_	
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)	
1210 Reserve Drive	State	Zip Code	I M. I D. I M.	Check Amount	
Reynoldsburg	OH	43068	0 4 1 2 0 9	\$50.00	
Full Name of Contributor			Registration Number, if I	PAC	
Luke Owens Sr.				garge-decision de la fini grant di Manadas y manurat manada y y y y y managyana ne y y	
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)	
3330 Warrensville Ctr Rd. #502	Q. V.	17. O. I		Check	
City Shaker Heights	OH Stafte	Zip Code 44122	$\begin{bmatrix} 0 & 4 & 1 & 4 & 0 \end{bmatrix}$	Amount \$200.00	
Full Name of Contributor			Registration Number, if I	PAC	
Carolyn L. Nellon					
Street Address 619 Boxford Lane	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check	
City	State	Zip Code	M D Y	Amount	
Columbus	OH	43213	041799	\$200.00	
Full Name of Contributor Car Care of Reynoldsburg (Mike Moyer)			Registration Number, if I	PAC	
Street Address		pation/Labor Organization*	E TO A RESTAURANT AND THE STORY AND THE STOR	Form (Cash, Check, etc.)	
6273 E Main St	, , , , , , , , , , , , , , , , , , , ,			Check	
^{City} Reynoldsburg	State OH	Zip Code 43068	0 4 0 4 0 9	Amount \$100.00	
Full Name of Contributor Linda Mosley			Registration Number, if I	PAC	
Street Address	Employar/Occ	pation/Labor Organization*	<u> </u>	Form (Cash, Check, etc.)	
391 Greenapple Way	Zmproyen/Occi	-		Check	
City	State	Zip Code	M D Y	Amount	
Pataskala	OH	43062	0 4 2 7 0 9	\$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)]