

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 MARLENE WIRTH						Registration Number, if PAC							
Street Address 1029 NORTHFIELD PL N				Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CHECK						
City REYNOLDSBURG		State OH		Zip Code 43068		M 10		D 18		Y 09		Amount \$25.00	
Full Name of Contributor EVIE BRADLEY						Registration Number, if PAC							
Street Address 7709 DALGLEN				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK						
City REYNOLDSBURG		State OH		Zip Code 43068		M 10		D 16		Y 09		Amount \$50.00	
Full Name of Contributor CORNELL HALE						Registration Number, if PAC							
Street Address 4695 WINERY WAY				Employer/Occupation/Labor Organization* STATE OF OHIO			Form (Cash, Check, etc.) CASH						
City GAHANNA		State OH		Zip Code 43230		M 09		D 30		Y 09		Amount \$15.00	
Full Name of Contributor CONTRIBUTIONS FROM FORM NO. 31-E						Registration Number, if PAC							
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)						
City		State OH		Zip Code		M 10		D 16		Y 09		Amount \$690.00	
Full Name of Contributor						Registration Number, if PAC							
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)						
City		State OH		Zip Code		M		D		Y		Amount	
Full Name of Contributor						Registration Number, if PAC							
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)						
City		State OH		Zip Code		M		D		Y		Amount	
Full Name of Contributor						Registration Number, if PAC							
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)						
City		State OH		Zip Code		M		D		Y		Amount	
Full Name of Contributor						Registration Number, if PAC							
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)						
City		State OH		Zip Code		M		D		Y		Amount	

* 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 **\$780.00**