

Statement of Contributions Received

Prescribed by Secretary of State 03/05

| | | | | | | | | | |
|--|--|--------------------|---|--|---------------|-----------------------------|--|---------------------------|--|
| Name of Committee in Full COMMITTEE TO ELECT JAMES MCGREGOR | | | | | | | | | |
| Full Name of Contributor COLUMBUS FRANKLIN COUNTY, AFL-CIO PCE | | | | | | Registration Number, if PAC | | | |
| Street Address 1545 ALUM CREEK DRIVE, 2ND FLOOR | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) CHECK | | |
| City COLUMBUS | | State OH | Zip Code 43209 | | M 1 | D 2 | Y 1 | Amount \$300.00 | |
| Full Name of Contributor TODD ROBERT EMOFF | | | | | | Registration Number, if PAC | | | |
| Street Address 1123 SLEEPING MEADOW DRIVE | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) CHECK | | |
| City NEW ALBANY | | State OH | Zip Code 43054 | | M 1 | D 2 | Y 1 | Amount \$50.00 | |
| Full Name of Contributor RALEIGH CALLION | | | | | | Registration Number, if PAC | | | |
| Street Address 566 LAUREL RIDGE DRIVE | | | Employer/Occupation/Labor Organization* PHYSICIAN | | | | Form (Cash, Check, etc.) CHECK | | |
| City GAHANNA | | State OH | Zip Code 43230 | | M 1 | D 2 | Y 1 | Amount \$100.00 | |
| 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 | | | |
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| City | | State OH | Zip Code | | M | D | Y | Amount | |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | |
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| 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 **\$450.00**