



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee McGregor for Gahanna				
Full Name of Contributor William Stehle			Registration Number, if PAC	
Street Address 654 Crossing Creek Dr. S.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 10/11/2019	Amount 250.00
Full Name of Contributor Nancy R. McGregor			Registration Number, if PAC	
Street Address 180 Academy Court		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Gahaanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 10/17/2019	Amount 500.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	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)]