

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full COMMITTEE TO ELECT JAMES McGREGOR							
Full Name of Contributor R. E. Peters					Registration Number, if PAC		
Street Address 402 Candlewyck Road		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Camp Hill	State P A	Zip Code 17011-8475	M 1 0	D 0 9	Y 0 3	Amount 100.00	
Full Name of Contributor Thomas E. Mosure					Registration Number, if PAC		
Street Address 4250 Dublin Road		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 1 0	D 1 5	Y 0 3	Amount 25.00	
Full Name of Contributor Douglas E. and Rose Mary Kobler					Registration Number, if PAC		
Street Address 205 S. Virginia Lee Road		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 1 0	D 1 5	Y 0 3	Amount 70.00	
Full Name of Contributor William E. Stilson					Registration Number, if PAC		
Street Address 7610 Olentangy River Road, Ste. 200		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43235	M 1 0	D 1 7	Y 0 3	Amount 50.00	
Full Name of Contributor Ohio Home Builders Association					Registration Number, if PAC OH286		
Street Address 175 S. High St., Suite 700		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215-3441	M 1 0	D 1 7	Y 0 3	Amount 100.00	
Full Name of Contributor E. E. Maddy					Registration Number, if PAC		
Street Address 164 Misty Oak Place		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 1 0	D 1 7	Y 0 3	Amount 25.00	
Full Name of Contributor Larry P. Zapp					Registration Number, if PAC		
Street Address 160 Carnev Place		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 1 0	D 2 1	Y 0 3	Amount 50.00	
Full Name of Contributor Robert and Roberta Zelli					Registration Number, if PAC		
Street Address 715 Ronson Wav		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230-3240	M 1 0	D 2 1	Y 0 3	Amount 50.00	

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 appear. R.C. 3517.10(B)(4)

Page Total \$ 470.00