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In-Kind Contributions Received

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| Page | 1 |

Prescribed by Secretary of State 03/05

| Name of Committee in Full | | | | |
|--|--|-----------------------------|--|--|
| COMMITTEE TO ELECT JAMES MCGREGOR | | | | |
| Full Name of Contributor WES HALL | Employer, Occupation, Labor Organization* CT CONSULTANTS, INC. | | Registration Number, if PAC | |
| Street Address 150 EAST CAMPUS VIEW BLVD., SUITE 130 | Description of Item or Service PAYMENT FOR USE OF HICKORY HOUSE - ESTIMATED VALUE | | M D Y Fair Market Value 0 4 1 4 1 1 \$350.00 | |
| City COLUMBUS | State Zip Code OH 43235 | | Received at Fundraising Event? O YES O NO | |
| Full Name of Contributor | Employer, Occupation, Labor Organization* | | Registration Number, if PAC | |
| Street Address | Description of Ite | m or Service | M D Y Fair Market Value | |
| City | State OH | Zip Code | Received at Fundraising Event? O YES O NO | |
| Full Name of Contributor | Employer, Occupation, Labor Organization* | | Registration Number, if PAC | |
| Street Address | Description of Ite | m or Service | M D Y Fair Market Value | |
| City | Sta te OH | Zip Code | Received at Fundraising Event? YES NO | |
| Full Name of Contributor | Employer, Occup | pation, Labor Organization* | Registration Number, if PAC | |
| Street Address | Description of Ite | nn or Service | M D Y Fair Market Value | |
| City | Stal te OH | Zip Code | Received at Fundraising Event? OYES NO | |
| Full Name of Contributor | Employer, Occup | pation, Labor Organization* | Registration Number, if PAC | |
| Street Address | Description of Ite | n or Service | M D Y Fair Market Value | |
| City | Stal te OH | Zip Code | Received at Fundraising Event? O YES O NO | |
| Full Name of Contributor | Employer, Occu | pation, Labor Organization* | Registration Number, if PAC | |
| Street Address | Description of Ite | em or Service | M D Y Fair Market Value | |
| City | OH, | Zip Code | Received at Fundraising Event? O YES NO | |
| Full Name of Contributor | Employer, Occu | pation, Labor Organization* | Registration Number, if PAC | |
| Street Address | Description of Ite | em or Service | M D Y Fair Market Value | |
| City | Stat te OH | Zip Code | Received at Fundraising Event? O YIES NO | |
| Full Name of Contributor | Employer, Occu | pation, Labor Organization* | Registration Number, if PAC | |
| Street Address | Description of It | em or Service | M D Y Fair Market Value | |
| City | State OH | Zip Code | Received at Fundraising Event? OYES O NO | |

Page Total \$350.00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]