

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 Kenneth Holland						Registration Number, if PAC			
Street Address 697 Crossing Creek			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check		
City Gahanna		State O H	Zip Code 43230		M 1 1	D 2 1	Y 0 3	Amount 35.00	
Full Name of Contributor George E. Parker, Jr.						Registration Number, if PAC			
Street Address P. O. Box 30927			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check		
City Columbus		State O H	Zip Code 43230-0927		M 1 1	D 2 1	Y 0 3	Amount 50.00	
Full Name of Contributor Ohio Association of Advanced Practice Nurses PAC						Registration Number, if PAC 255			
Street Address 14761 Pearl Road, # 255			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check		
City Strongsville		State O H	Zip Code 44136-5000		M 1 1	D 2 1	Y 0 3	Amount 100.00	
Full Name of Contributor Timothy R. And Victoria Foley						Registration Number, if PAC			
Street Address 635 Brooksedge Blvd.			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check		
City Westerville		State O H	Zip Code 43081		M 1 1	D 2 1	Y 0 3	Amount 100.00	
Full Name of Contributor Scott McComb						Registration Number, if PAC			
Street Address 230 Barnhill Ct.			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Cash		
City Gahanna		State O H	Zip Code 43230		M 1 2	D 0 2	Y 0 3	Amount 50.00	
Full Name of Contributor Tiny McComb						Registration Number, if PAC			
Street Address 3936 James River road			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Cash		
City New Albany		State O H	Zip Code 43054		M 1 2	D 0 2	Y 0 3	Amount 100.00	
Full Name of Contributor Karl Wetherholt						Registration Number, if PAC			
Street Address 541 E. North Broadwav			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Cash		
City Columbus		State O H	Zip Code 43214		M 1 2	D 0 2	Y 0 3	Amount 25.00	
Full Name of Contributor Leslie Wexner						Registration Number, if PAC			
Street Address Three Limited Parkway			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check		
City Columbus		State O H	Zip Code .		M 1 2	D 0 2	Y 0 3	Amount 1,000.00	

* 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 \$ 1,460.00