

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 JOSEPH SPANOVICH					Registration Number, if PAC		
Street Address 760 TAYLOR RD.		Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CHECK		
City GAHANNA	State OH	Zip Code 43230	M 0	D 7	Y 2	Y 0	Amount \$200.00
Full Name of Contributor JOYCE RANADE					Registration Number, if PAC		
Street Address 626 LAUREL RIDGE CT.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City GAHANNA	State OH	Zip Code 43230	M 0	D 7	Y 3	Y 0	Amount \$50.00
Full Name of Contributor ELIZABETH TRACY					Registration Number, if PAC		
Street Address 5057 HEATH GATE DR.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City NEW ALBANY	State OH	Zip Code 43054	M 0	D 7	Y 0	Y 8	Amount \$100.00
Full Name of Contributor STEVEN GEIGER					Registration Number, if PAC		
Street Address 65 SOUTHWIND DR.		Employer/Occupation/Labor Organization* GEIGER EXCAVATING			Form (Cash, Check, etc.) CHECK		
City GAHANNA	State OH	Zip Code 43230	M 0	D 8	Y 2	Y 4	Amount \$1,000.00
Full Name of Contributor STANFORD ACKLEY					Registration Number, if PAC		
Street Address 695 KENWICK RD.		Employer/Occupation/Labor Organization* WALLACE ACKLEY REAL ESTATE			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State OH	Zip Code 43209	M 0	D 8	Y 2	Y 0	Amount \$200.00
Full Name of Contributor FOREST LINES					Registration Number, if PAC		
Street Address P.O. BOX 93		Employer/Occupation/Labor Organization* BY-LIONS HOME INSPECTIONS			Form (Cash, Check, etc.) CHECK		
City BLACKLICK	State OH	Zip Code 43004	M 0	D 7	Y 1	Y 4	Amount \$50.00
Full Name of Contributor DELLA DURRIS					Registration Number, if PAC		
Street Address 1610 OXBOW DR.		Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CHECK		
City BLACKLICK	State OH	Zip Code 43004	M 0	D 8	Y 1	Y 7	Amount \$100.00
Full Name of Contributor VICTOR WOLFE					Registration Number, if PAC		
Street Address 111 W. JOHNSTOWN RD.		Employer/Occupation/Labor Organization* OHIO INSURANCE ADVISORS			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State OH	Zip Code 43230	M 0	D 8	Y 1	Y 6	Amount \$100.00

* 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 **\$1,800.00**