

# Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>COMMITTEE TO ELECT JAMES MCGREGOR</b>							
Full Name of Contributor <b>R. E. Peters</b>					Registration Number, if PAC		
Street Address <b>402 Candlewyck Road</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Camp Hill</b>	State <b>P   A</b>	Zip Code <b>17011</b>	M <b>0   6</b>	D <b>1   7</b>	Y <b>0   3</b>	Amount <b>200.00</b>	
Full Name of Contributor <b>Vorys, Sater, Seymour &amp; Pease LLP</b>					Registration Number, if PAC <b>OH108</b>		
Street Address <b>52 E. Gay Street, P. O. box 1008</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43216-1008</b>	M <b>0   9</b>	D <b>1   0</b>	Y <b>0   3</b>	Amount <b>150.00</b>	
Full Name of Contributor <b>Political Education Patterns</b>					Registration Number, if PAC		
Street Address <b>3515 Prospect Avenue</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Cleveland</b>	State <b>O   H</b>	Zip Code <b>44115</b>	M <b>0   9</b>	D <b>1   0</b>	Y <b>0   3</b>	Amount <b>150.00</b>	
Full Name of Contributor <b>Ohio Dental Association PAC</b>					Registration Number, if PAC		
Street Address <b>1370 Dublin Road</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	M <b>0   9</b>	D <b>1   0</b>	Y <b>0   3</b>	Amount <b>150.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

\* 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)