

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 WOODROW PLUNKETT				Registration Number, if PAC			
Street Address 1091 SOPHIA DRIVE		Employer/Occupation/Labor Organization* TOWPAL			Form (Cash, Check, etc.) PAYPAL		
City MILFORD	State OH	Zip Code 45150	M 0	D 3	Y 0	Amount \$100.00	
Full Name of Contributor KENNETH STRAUSS				Registration Number, if PAC			
Street Address 560 CHERRY RD.		Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) PAYPAL		
City GAHANNA	State OH	Zip Code 43230	M 0	D 3	Y 0	Amount \$100.00	
Full Name of Contributor ALVIN SHULER				Registration Number, if PAC			
Street Address 81 SAVERN PL.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PAYPAL		
City GAHANNA	State OH	Zip Code 43230	M 0	D 3	Y 0	Amount \$100.00	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State OH	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 OH	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 OH	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 OH	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 OH	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 OH	Zip Code	M	D	Y	Amount	

* 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 \$300.00