

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 JERI PINNELL					Registration Number, if PAC		
Street Address 284 AGLER RD.		Employer/Occupation/Labor Organization* PINNELL DANCE CENTRE			Form (Cash, Check, etc.) CHECK		
City GAHANNA	State OH	Zip Code 43230	M 0	D 8	Y 1	Amount \$200.00	
Full Name of Contributor GLEN DUGGER/DAVID HODGE					Registration Number, if PAC		
Street Address 37 WEST BROAD ST.		Employer/Occupation/Labor Organization* SMITH & HALE LLC			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State OH	Zip Code 43215	M 0	D 8	Y 0	Amount \$200.00	
Full Name of Contributor PLUMBERS & PIPEFITTERS L.U. 189					Registration Number, if PAC 6220		
Street Address 1250 KINNEAR RD.		Employer/Occupation/Labor Organization* LABOR ORGANIZATION			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State OH	Zip Code 43212	M 0	D 9	Y 1	Amount \$500.00	
Full Name of Contributor ALLEN REIS					Registration Number, if PAC		
Street Address 3250 KNOLL DR.		Employer/Occupation/Labor Organization* WELTMAN WEINBERG & REIS			Form (Cash, Check, etc.) CHECK		
City GAHANNA	State OH	Zip Code 43230	M 0	D 9	Y 3	Amount \$200.00	
Full Name of Contributor KATHY MCCORKLE					Registration Number, if PAC		
Street Address 677 PICADILLY CT.		Employer/Occupation/Labor Organization* REGISTRATION SPECIALIST			Form (Cash, Check, etc.) CHECK		
City GAHANNA	State OH	Zip Code 43230	M 0	D 9	Y 0	Amount \$100.00	
Full Name of Contributor MICK MICACCHION					Registration Number, if PAC		
Street Address 1127 RIVA PL.		Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CHECK		
City GAHANNA	State OH	Zip Code 43230	M 0	D 9	Y 2	Amount \$100.00	
Full Name of Contributor DONALD CUTCHER					Registration Number, if PAC		
Street Address 144 GARSTON CT.		Employer/Occupation/Labor Organization* 			Form (Cash, Check, etc.) CHECK		
City GAHANNA	State OH	Zip Code 43230	M 1	D 0	Y 0	Amount \$50.00	
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 	

* 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)]