31-	A		
R.C.	35	17.	10

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			Registration Number, if PAC							
Schottenstein, Zox and Dunn			Kegisiian	OD WINE	er, u PAC	-				
Street Address	Frontover/Occurs	tion/Labor Organization	1		 1	Form (Cash, Che	alı ağı.			
41 S. High Street	Zii pio yeii Occupa					Check	ck, etc.)			
City	State	Zip Code	м	D	Y	Amount				
Columbus	ОТН	43215	0 6			A LOUIL	150.00			
Full Name of Contributor	0 1	10210	Registrati				150.00			
Ohio Association of Advanced Practical Nurses			PC1108							
Street Address		tion/Labor Organization	1 1 01	100		Form (Cash, Che	ck.etc.)			
14761 Pearl Road, #255	,	•				Check	,			
City	State	Zip Code	М	D	Y	Amount				
Strongsville	OIH	44136-5000	016	013	0 3		300.00			
Full Name of Contributor	<u> </u>		Registrati			c	000.00			
Ohio Wholesale Marketers Association			OH430							
Street Address	Employer/Occupa	ation/Labor Organization	<u> </u>	Form (Cash, C			ck, etc.)			
42 E. Gay Street						Check				
City	State	Zip Code	М	D	Y	Amount				
Columbus	OH	43215	016	013	013		150.00			
Full Name of Contributor		·			er, if PA	С				
Ohio Contractors PAC			CP2	295						
Street Address	Erriployer/Occupa	ation/Labor Organization	-			Form (Cash, Che	ck, etc.)			
1313 Dublin Road						Check				
City	State	Zip Code	М	D	Y	Amount				
Columbus	OH	43215	016	0 3	013		300.00			
Full Name of Contributor Registration Number, if P.					ber, if PA	Ċ				
Ohio Nurses Association PCE 6542										
Street Address	Employer/Occupa	ation/Labor Organization				Form (Cash, Che	ck, etc.)			
4000 E. Main Street		···				Check				
City	State	Zip Code	М	Đ	Y	Amount				
Columbus Full Name of Contributor	OH	43213		0 3		<u> </u>	300.00			
	Registration Number, if Pa				ber, if PA	.C				
Ohio Aggregates PAC Street Address			OH	585		 				
	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)					
162 N. Hamilton Road	Santa	Zip Code	- 1,, - 1		1 17	Check				
Gahanna	State O H	43230	M	D ola	Y	Amount	150.00			
Full Name of Contributor	10 11	43230			0 3		150.00			
Ohio Medical Political Action Committee				Registration Number, if PAC C00003327						
Street Address		ation/Labor Organization		10033	2/	Form (Cash, Ch	ok ato)			
3401 Mill Run Drive	Linpidy cirocoup	anois Esteri Organization				Check	-Ca, Cu.,			
City	State	Zip Code	М	D	ΙΥ	Amount				
Hilliard	OIH	43026	1	013	1	L	150.00			
Full Name of Contributor Registration Number, if PA						100.00				
Iron Workers Local #172										
Street Address	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)					
2867 S. High Street				Check						
City	State	Zip Code	М	D	Y	Amount				
Columbus	OIH	43207	016	117	013	1	150.00			
* Required for contributions over \$100 to statewide and general assembly										

appear, R.C. 3517.10(B)(4)

Page Total \$ 1,650.00

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