

Event Date 5-15-03

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# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full					
COMMITTEE TO ELECT JAMES MCGREGOR					
Full Name of Contributor				Registration Number, if PAC	
Ohio Optometry PAC				329	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
250 E. Wilson Bridge Rd., #250			0	5	1
City	State	Zip Code	Amount		
Worthington	O   H	43085	150.00		
Form(Cash, Check, etc)				Check	
Full Name of Contributor				Registration Number, if PAC	
Columbus/Central Ohio Building Trades Council					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
555 E. Rich Street, Room 213			0	5	1
City	State	Zip Code	Amount		
Columbus/Central Ohio Building Trades	O   H	43215	150.00		
Form(Cash, Check, etc)				Check	
Full Name of Contributor				Registration Number, if PAC	
Ohio Apartment Owners Political Action Committee				OH275	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
1225 Dublin Road			0	5	1
City	State	Zip Code	Amount		
Columbus/Central Ohio Building Trades	O   H	43255	150.00		
Form(Cash, Check, etc)				Check	
Full Name of Contributor				Registration Number, if PAC	
Power PAC				OH 751	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
3070 Riverside Drive, Ste. 165			0	5	1
City	State	Zip Code	Amount		
Columbus/Central Ohio Building Trades	O   H	43221	250.00		
Form(Cash, Check, etc)				Check	
Full Name of Contributor				Registration Number, if PAC	
Wholesale Beer & Wine Assoc. of Ohio				CP 127	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
37 W. Broad St., Ste. 710			0	5	1
City	State	Zip Code	Amount		
Columbus/Central Ohio Building Trades	O   H	43215	150.00		
Form(Cash, Check, etc)				Check	
Full Name of Contributor				Registration Number, if PAC	
Realtors Political Action Committee				CP 401	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
200 E. Town Street			0	5	1
City	State	Zip Code	Amount		
Columbus/Central Ohio Building Trades	O   H	43215	200.00		
Form(Cash, Check, etc)				Check	
Full Name of Contributor				Registration Number, if PAC	
Schottenstein Zox and Dunn					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
41 S. High Street			0	5	1
City	State	Zip Code	Amount		
Columbus	O   H	43215	150.00		
Form(Cash, Check, etc)				Check	

\* Required for contributions from individuals 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

4,100.00

Total expenditures this event

292.00

Page Total \$ 1,200.00