31-E R.C. 3517.10(B)

Event Date	5/15/03
Page	4

## Statement of Contributions Received at a Social or Fundraising Event

•	Draganikad ku Ca	ecretary of State 02/01							
Name of Committee in Full	Prescribed by Se	cretary of State 02/01	-						
COMMITTEE TO ELECT JAM	ES McGREGOR								
Full Name of Contributor				Registration Number, if PAC					
R. E. Peters									
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount			
402 Candlewyck Road					0 3	5	200.00		
City	State Zip Code		Form(Cash,Check,etc)						
Camp Hill	p   A	P A 17011		Check Registration Number, if PAC					
Full Name of Contributor			Registra	mon ivu	noci, ii r	AC			
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		D	Y	Amount			
	, , , , , , , , , , , , , , , , , , ,				1				
City	State	Zip Code	Form(C	ash,Che	k,etc)				
Full Name of Contributor			Registration Number, if PAC						
		3 6 1 0 3 3 3 4		1 5	1 0	T			
Street Address	Employer/Occu	pation/Labor Organization*	M	D	Y	Amount			
City	State	Zip Code	Form(C	ash,Che	ck etc)				
City	1	Zap cour	T UILLE	ши,спо	a,cicy				
Full Name of Contributor					Registration Number, if PAC				
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		D	Y	Amount			
		<u></u>							
City	State	Zip Code	Form(C	ash,Che	:k,etc)				
			0	aina Nia	:6 D	100	<u> </u>		
Full Name of Contributor			Kegistra	mon Nu	nber, if P	AC			
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		D	ΤΥ	Amount	<del></del>		
Succi Addices					1 1	1			
City	State	Zip Code	Form(C	ash,Che	k,etc)				
•									
Full Name of Contributor			Registra	tion Nu	nber, if P	AC			
	<del></del>	<u> </u>	М		_	·	<del></del>		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		P	Y	Amount			
		Jan o	F(C	1 1	1 1				
City	State	Zip Code	romic	ash,Che	ck,etc)				
Full Name of Contributor			Registra	tion Nu	nber, if P	AC			
ren Name di Conditiono									
Street Address	Employer/Occu	pation/Labor Organization*	М	D	Y	Amount			
				! !					
City	State	Zip Code	Form(C	ash,Che	k,etc)	-	., -		
	-				_				
<ul> <li>Required for contributions from individuals over \$100 to</li> </ul>	statewide and general assembly	candidates. If contributor is sel	f-employed,	occupat	ion rather	than employer			
should be listed. If two or more employees contribute via a	payroll deduction and exceed the	aggregate of \$100, the labor o	rganization (	ot which	the emplo	oyees 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	Total expenditures this event	
		Page Total \$ 200.00
		<u> </u>