Event Date	10/7/03
Page	6

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

N .60 1 1 - 0	Prescribed by S	ecretary of State 02/01							
Name of Committee in Full  COMMITTEE TO ELECT LANG	TC ) ( CDTCCT								
COMMITTEE TO ELECT JAM Full Name of Contributor	ES McGREGOR	<u> </u>							
Tinev McComb		Registration Number, if PAC							
Street Address	Te i in								
3936 James River Road	Employer/Occupation/Labor Organization*		М	D	Y	Amount			
City			11	2 1		3	100.00		
New Albany	l l	State Zip Code		Form(Cash,Check,etc)					
Full Name of Contributor	O H 43054		Cash Registration Number, if PA						
Karl Wetherholt			Registra	tion Nur	nber, if P	AC			
Street Address	Frankover/Occur	pation/Labor Organization*	<del>-   ;;-</del> -			· · · · ·			
541 E. N. Broadway	Z. pioyen occe	Panola (2001 Organization	M	D	Y	Amount			
City	State	Zip Code	1 1	2 1		3	25.00		
Columbus	OIH	·	Form(Ca						
Full Name of Contributor		43214	Cash Registration Number, if PA						
			Kegistra	DOD NUD	nber, if P	AC			
Street Address	Address Employer/Occupation/Labor Organization*				M D Y Amount				
	' '	F	";	ו	Y	Amount			
City	State	Zip Code	Form(Ca	ch Chec	k ata)				
		[ • • • • • • • • • • • • • • • • • • •	· ormica	ant Citt	a,cu.,				
Full Name of Contributor			Registrat	ion Num	ther if P	A.C			
			, , ,		<b>2</b> ~1, 11 t	AC			
Street Address	Employer/Occupation/Labor Organization*		М	D	ΤΥ	Amount			
		_		1	1				
City	State	Zip Code	Form(Ca	sh,Chec	k,etc)				
					•				
Full Name of Contributor			Registrat	ion Nur	iber, if P	AC			
Ph									
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D	Y	Amount			
City			_			ı			
Chy	State	Zip Code	Form(Ca	sh,Checl	c,etc)				
Full Name of Contributor	<u>_</u>								
. W. Watte of Countings			Registrat	ion Num	ber, if P.	AC			
Street Address				_					
	Employer/Occup	pation/Labor Organization*	М	D	Y	Amount			
City						<u> </u>			
	State	Zip Code	Form(Cas	sh,Checl	cetc)				
Full Name of Contributor									
			Registrați	ion Num	ber, if P,	AC .			
Street Address	F-1		<del> </del>				<u> </u>		
	Entproyer/Occup	pation/Labor Organization*	M ,	D	Y	Amount			
City	State	Zin Code	<del></del>		0	<u> </u>			
	Sidile	Zip Code	Form(Cas	sn,Check	c,ctc)				
	<del></del>		Щ.						
* D							_		

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 S
	<u> </u>	

<sup>\*</sup> 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)]