

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

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>COMMITTEE TO ELECT JAMES MCGREGOR</b>							
Full Name of Contributor <b>Ohio Funeral Directors Association</b>				Registration Number, if PAC <b>CP 305</b>			
Street Address <b>P. O. Box 21760</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	1	150.00
City <b>Columbus</b>		State <b>O</b>	Zip Code <b>43221</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Dealers Investment Group</b>				Registration Number, if PAC <b>CP 179</b>			
Street Address <b>655 Metro Place S., Ste. 270</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	1	150.00
City <b>Dublin</b>		State <b>O</b>	Zip Code <b>43017</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Calfee, Hatter Griswold, LLP</b>				Registration Number, if PAC <b>FEC# C00351635</b>			
Street Address <b>8005 Superior Avenue, Ste. 1400</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	1	150.00
City <b>Cleveland</b>		State <b>O</b>	Zip Code <b>44114</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Ohio Home Builders Association</b>				Registration Number, if PAC <b>OH 286</b>			
Street Address <b>17 S. High Street, Ste. 700</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	1	300.00
City <b>Columbus</b>		State <b>O</b>	Zip Code <b>43215</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>American Energy Corp PAC</b>				Registration Number, if PAC			
Street Address <b>P. O. Box 5</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	1	150.00
City <b>Alledonia</b>		State <b>O</b>	Zip Code <b>43902</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>American Electric Power</b>				Registration Number, if PAC <b>FEC# C00096842</b>			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	1	150.00
City <b>Columbus</b>		State <b>O</b>	Zip Code <b>43215</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Associated General Contractors</b>				Registration Number, if PAC <b>CP 287</b>			
Street Address <b>1755 Northwest Blvd.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	1	150.00
City <b>Columbus</b>		State <b>O</b>	Zip Code <b>43212</b>	Form(Cash, Check, etc) <b>Check</b>			

\* 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

Total expenditures this event

Page Total \$ 1,200.00