

Event Date	#####
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Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full COMMITTEE TO ELECT JAMES MCGREGOR							
To Whom Paid Old Bag of Nails				M 1	D 0	Y 7	Amount 699.11
Address 62 Mill Street		Purpose Food and Drinks at Fund Raiser					
City Gahanna		State O	H H	Zip Code 43230	Check Number 1044		
To Whom Paid Nancy McGregor				M 1	D 2	Y 0	Amount 114.13
Address 180 Academy Ct.		Purpose Reimbursement for 10/7/03 Fund Raising Event					
City Gahanna		State O	H H	Zip Code 43230	Check Number 1047		
To Whom Paid				M 	D 	Y 	Amount
Address		Purpose					
City		State 		Zip Code	Check Number		
To Whom Paid				M 	D 	Y 	Amount
Address		Purpose					
City		State 		Zip Code	Check Number		
To Whom Paid				M 	D 	Y 	Amount
Address		Purpose					
City		State 		Zip Code	Check Number		
To Whom Paid				M 	D 	Y 	Amount
Address		Purpose					
City		State 		Zip Code	Check Number		
To Whom Paid				M 	D 	Y 	Amount
Address		Purpose					
City		State 		Zip Code	Check Number		

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$	813.24
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