Event Date	10/7/03
Page	4

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

	Prescribed by Sec	retary of State 02/01				
Name of Committee in Full				<del>-</del>		
COMMITTEE TO ELECT JAMES McC	GREGOR					
Full Name of Contributor			Registration Number, if PAC	Registration Number if DAC		
Roland and Edith Hall						
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount			
83 Nob Hill Drive, N.	,		111211013	50.00		
City	State	Zip Code	Form(Cash,Check,etc)	50.00		
Gahanna	OIH	43230	Check			
Full Name of Contributor	1 (/ / ==	10200	Registration Number, if PAC			
Thomas Weber			A South Comment of the Comment of th			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount			
504A Havens Corner Road			1 1 2 1 0 3	25.00		
City	State	Zip Code	Form(Cash, Check, etc)	25.00		
Gahanna	OIH	43230	Check			
Full Name of Contributor	1 () ( 2.2	10230	Registration Number, if PAC			
OhioReady Mix Concrete Assn. PAC			OH 342	-		
Street Address	Employer/Occum	ation/Labor Organization*		<del></del>		
1900 E. Dublin-Granville Road	1 , ,,, ,,,	and and of Printed Off	1 1 - 1	2= 22		
City	State	Zip Code	1 1 2 1 0 3 Form(Cash, Check, etc.)	25.00		
Columbus	$O \mid H$	43229-0190				
Full Name of Contributor		10227-0170	Check Registration Number, if PAC			
Joyce Garver Keller			Regulation Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount			
2607 Sherwood	,			<b>3</b> E 00		
City	State	Zip Code	1 1 2 1 0 3 Form(Cash,Check,etc)	25.00		
Columbus	OIH	43209	Check			
Full Name of Contributor	1 (7 1 11	45207	Registration Number, if PAC			
Mona Aswad			Registration (value), if PAC			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount			
852 Tamara Drive, N.	1		1 .   -   -   -   -   -   -   -   -   -	25.00		
City	State	Zip Code	1 1 2 1 0 3 Form(Cash,Check,etc)	35.00		
Gahanna	OIH	43230				
Full Name of Contributor	1 (/ 1	10200	Check Registration Number, if PAC			
Kathleen and Pierre Ohare			regulation Number, if PAC			
Street Address	Employer/Occupa	ntion/Labor Organization*	M D Y Amount			
1009 Zodiac Avenue			,   -	25.00		
City	State	Zip Code	1 1 2 1 0 3 Form(Cash,Check,etc)	35.00		
Gahanna	OH	43230	Check			
Full Name of Contributor		10200	Registration Number, if PAC			
Thomas and Maureen Evers			registration Number, if PAC			
Street Address	Employer/Occupa	ition/Labor Organization*	M D Y Amount			
470 Whitley Drive		J	1 1 2 1 0 3	3= 00		
City	State	Zip Code	Form(Cash,Check,etc)	35.00		
Gahanna	$O \mid H$	43230	Check			
			CHECK			
• Demind 6						

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	<u></u>
		Page Total S230.00
	<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)]