

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full					
COMMITTEE TO ELECT JAMES MCGREGOR					
Full Name of Contributor				Registration Number, if PAC	
Ohio Optometry PAC				329	
Street Address		Employer/Occupation/Labor Organization*		M D Y Amount	
250 E. Wilson Bridge Rd., #250				0 5 1 5 0 3 150.00	
City		State		Zip Code	
Worthington		O H		43085	
Form (Cash, Check, etc)				Check	
Full Name of Contributor				Registration Number, if PAC	
Columbus/Central Ohio Building Trades Council					
Street Address		Employer/Occupation/Labor Organization*		M D Y Amount	
555 E. Rich Street, Room 213				0 5 1 5 0 3 150.00	
City		State		Zip Code	
Columbus/Central Ohio Building Trades		O H		43215	
Form (Cash, Check, etc)				Check	
Full Name of Contributor				Registration Number, if PAC	
Ohio Apartment Owners Political Action Committee				OH275	
Street Address		Employer/Occupation/Labor Organization*		M D Y Amount	
1225 Dublin Road				0 5 1 5 0 3 150.00	
City		State		Zip Code	
Columbus/Central Ohio Building Trades		O H		43255	
Form (Cash, Check, etc)				Check	
Full Name of Contributor				Registration Number, if PAC	
Power PAC				OH 751	
Street Address		Employer/Occupation/Labor Organization*		M D Y Amount	
3070 Riverside Drive, Ste. 165				0 5 1 5 0 3 250.00	
City		State		Zip Code	
Columbus/Central Ohio Building Trades		O H		43221	
Form (Cash, Check, etc)				Check	
Full Name of Contributor				Registration Number, if PAC	
Wholesale Beer & Wine Assoc. of Ohio				CP 127	
Street Address		Employer/Occupation/Labor Organization*		M D Y Amount	
37 W. Broad St., Ste. 710				0 5 1 5 0 3 150.00	
City		State		Zip Code	
Columbus/Central Ohio Building Trades		O H		43215	
Form (Cash, Check, etc)				Check	
Full Name of Contributor				Registration Number, if PAC	
Realtors Political Action Committee				CP 401	
Street Address		Employer/Occupation/Labor Organization*		M D Y Amount	
200 E. Town Street				0 5 1 5 0 3 200.00	
City		State		Zip Code	
Columbus/Central Ohio Building Trades		O H		43215	
Form (Cash, Check, etc)				Check	
Full Name of Contributor				Registration Number, if PAC	
Schottenstein Zox and Dunn					
Street Address		Employer/Occupation/Labor Organization*		M D Y Amount	
41 S. High Street				0 5 1 5 0 3 150.00	
City		State		Zip Code	
Columbus		O H		43215	
Form (Cash, Check, etc)				Check	

* 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