

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full COMMITTEE TO ELECT JAMES MCGREGOR					
Full Name of Contributor GREGORY OTY				Registration Number, if PAC	
Street Address 5118 CANTERBURY DR.		Employer/Occupation/Labor Organization*		M 0	D 8
City POWELL		State OH	Zip Code 43065	Y 1	Amount \$50.00
Form (Cash, Check, etc.) CHECK					
Full Name of Contributor DONALD FRAZIER					
Street Address 96 S. HAMILTON RD.		Employer/Occupation/Labor Organization*		M 0	D 8
City GAHANNA		State OH	Zip Code 43230	Y 1	Amount \$50.00
Form (Cash, Check, etc.) CHECK					
Full Name of Contributor DAVID THOM					
Street Address 511 HAVERSHAM DR.		Employer/Occupation/Labor Organization*		M 0	D 8
City GAHANNA		State OH	Zip Code 43230	Y 0	Amount \$50.00
Form (Cash, Check, etc.) CHECK					
Full Name of Contributor LYNN STEWART					
Street Address 561 LAUREL RIDGE DR.		Employer/Occupation/Labor Organization*		M 0	D 8
City GAHANNA		State OH	Zip Code 43230	Y 1	Amount \$50.00
Form (Cash, Check, etc.) CHECK					
Full Name of Contributor THAYLIA DISBENNETT					
Street Address 243 FLINT RIDGE DR.		Employer/Occupation/Labor Organization*		M 0	D 8
City GAHANNA		State OH	Zip Code 43230	Y 1	Amount \$50.00
Form (Cash, Check, etc.) CHECK					
Full Name of Contributor RONALD ANDERSON					
Street Address 3310 LONGSTRETH PARK PL.		Employer/Occupation/Labor Organization* PHYSICIAN		M 0	D 8
City GAHANNA		State OH	Zip Code 43230	Y 1	Amount \$500.00
Form (Cash, Check, etc.) CHECK					
Full Name of Contributor HERBERT WILKE					
Street Address 720 N. HAMILTON RD.		Employer/Occupation/Labor Organization*		M 0	D 8
City GAHANNA		State OH	Zip Code 43230	Y 1	Amount \$50.00
Form (Cash, Check, etc.) CHECK					

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, 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 also 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

\$1,620.00

Total expenditures this event.

\$0.00

Page Total \$ **\$800.00**