

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			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Fon 1	2		
Full Name of Contributor Gregg E. Morris			Registration Number, if PAC			
Street Address 115 Walcreek Drive, W.	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Gahanna	State O H	Zip Code 43230	1 1	2 1	0 3	35.00
			Form (Cash, Check, etc.) Check			
Full Name of Contributor Alvin and Carol McKenna			Registration Number, if PAC			
Street Address 202 Academy Ct.	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Gahanna	State O H	Zip Code 43230	1 1	2 1	0 3	35.00
			Form (Cash, Check, etc.) Check			
Full Name of Contributor George Matalaka			Registration Number, if PAC			
Street Address 326 Warlock Ct.	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Gahanna	State O H	Zip Code 43230	1 1	2 1	0 3	35.00
			Form (Cash, Check, etc.) Check			
Full Name of Contributor Kenneth Holland			Registration Number, if PAC			
Street Address 697 Crossing Creek S.	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Gahanna	State O H	Zip Code 43230	1 1	2 1	0 3	35.00
			Form (Cash, Check, etc.) Check			
Full Name of Contributor George E. Parker, Jr.			Registration Number, if PAC			
Street Address P. O. Box 30927	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus	State O H	Zip Code 43230-0927	1 1	2 1	0 3	50.00
			Form (Cash, Check, etc.) Check			
Full Name of Contributor Scott McComb			Registration Number, if PAC			
Street Address 230 Barnhill Court	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Gahanna	State O H	Zip Code 43230	1 1	2 1	0 3	50.00
			Form (Cash, Check, etc.) Cash			

* 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 \$ 240.00