

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 LINDA DALICANDRO		Registration Number, if PAC	
Street Address 3497 SUMMIT RD.	Employer/Occupation/Labor Organization*	M 0	D 7
City PATASKALA	State OH	Y 1	Amount \$35.00
Zip Code 43062		Form (Cash, Check, etc.) CHECK	
Full Name of Contributor BERNARD MURRAY		Registration Number, if PAC	
Street Address 2660 TALLY HO LN.	Employer/Occupation/Labor Organization*	M 0	D 7
City BLACKLICK	State OH	Y 1	Amount \$50.00
Zip Code 43004		Form (Cash, Check, etc.) CHECK	
Full Name of Contributor LARRY ZAPP		Registration Number, if PAC	
Street Address 160 KARNEY PL.	Employer/Occupation/Labor Organization*	M 0	D 7
City GAHANNA	State OH	Y 1	Amount \$70.00
Zip Code 43230		Form (Cash, Check, etc.) CHECK	
Full Name of Contributor EDITH HALL		Registration Number, if PAC	
Street Address 83 NOB HILL DR.	Employer/Occupation/Labor Organization* RETIRED	M 0	D 7
City GAHANNA	State OH	Y 1	Amount \$100.00
Zip Code 43230		Form (Cash, Check, etc.) CHECK	
Full Name of Contributor ROBERT WEBER		Registration Number, if PAC	
Street Address 530 MEADOWSWEET PL.	Employer/Occupation/Labor Organization*	M 0	D 7
City GAHANNA	State OH	Y 1	Amount \$35.00
Zip Code 43230		Form (Cash, Check, etc.) CHECK	
Full Name of Contributor KAREN ANGELOU		Registration Number, if PAC	
Street Address 1081 CANNONADE CT.	Employer/Occupation/Labor Organization* RETIRED	M 0	D 7
City GAHANNA	State OH	Y 1	Amount \$125.00
Zip Code 43230		Form (Cash, Check, etc.) CHECK	
Full Name of Contributor DOUGLAS DACHENBACH		Registration Number, if PAC	
Street Address 4112 CHERRY ORCHARD LN.	Employer/Occupation/Labor Organization*	M 0	D 7
City GAHANNA	State OH	Y 1	Amount \$75.00
Zip Code 43230		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

\$1,421.00

Total expenditures this event.

\$0.00

Page Total \$ **\$490.00**