Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date_	2-	28-04
Page _		

Name of Committee in Full Van Gregg Committee	to Ele	oc+	
Full Name of Contributor Kim and Alleyn Maggard			Registration Number, if PAC
Street Address	Employer/Occupa	tion/Labor Organization*/	M D Y Amount
City Kogd	Alex-DE	The same of the contract of th	08280910000
Whitehall	Stal te OH	Zip Code 43213	Form (Cash, Check etc.)
Full Name of Contributor	Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
40 4 MONGWORD HIVE	CONT	v	082809 10000
Whitehall	Stal te OH	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor WOLFE FOR MAYOR COMM.			Registration Number, if PAC
Street Address			
3729 ELBERN AVE	Employer/Occupation/Labor Organization*		M D Y Amount 0 8 2 8 0 9 250.00
City WHIENALL	Stal te OH	Zip Code +3 > 1 3	Form (Cash, Check, etc.)
Full Name of Contributor TO CONTRIBUTE FULL CONTRIBUTE FULL NAME OF			Registration Number, if PAC
Street Address Pank Lane Dr	Employer/Occupation/Labor Organization*		M D Y Amount 50°0
Columbus Ott	Stal te OH	Zip Code 4373	Form (Cash, Check, etc.)
Full Note of Contributor THOMASON & NILLIAM MASON)			Registration Number, if PAC
	Employer/Occupati	on/Labor Organization*	08280750,00
blacklick.	Stal te OH	Zip Code 43004	Form (Cash, Check, etc.)
Full Name of Contributor BROKEN			Registration Number, if PAC
5068 (Syconwood) CY	Employer/Qccupation/Labor Organization*		M D Y Amount OO
City De Cercol	Stal te OH	Zip Code 47213	Form (Cash, Check) etc.)
ull Name of Contributor			Registration Number, if PAC
14 Conservant of the	Employer/Occupation/Labor Organization*		M D Y Amount
Whitehall	Stal te OH	一 付ろえ	Form (Cash, Check, etc.)
Required for contributions from individuals over \$100 to statewide a	and General Asser	nbly candidates. If contributor is se	elf-employed, the occupation and the name of

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	and fist the date of the even
Total contributions this event	Total expenditures this event.
A C C C	

\$..105

Page Total \$

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)]