

Event Date 10/7/03Page 3

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 Robert and Roberta Zelli			Registration Number, if PAC		
Street Address 715 Ronson Way	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0
City Gahanna	State O	Zip Code 43230	Amount 50.00		
Form(Cash, Check, etc) Check					
Full Name of Contributor Dilipe K. and Joyce E. Ranade			Registration Number, if PAC		
Street Address 626 Laurel Ridge Court	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0
City Gahanna	State O	Zip Code 43230	Amount 50.00		
Form(Cash, Check, etc) Check					
Full Name of Contributor J. David Schroeder			Registration Number, if PAC		
Street Address 122 Nob Hill Drive N.	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0
City Gahanna	State O	Zip Code 43230	Amount 50.00		
Form(Cash, Check, etc) Check					
Full Name of Contributor James and Sandra Swartzmiller			Registration Number, if PAC		
Street Address 6868 Bowerman St., West	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0
City Worthington	State O	Zip Code 43085	Amount 50.00		
Form(Cash, Check, etc) Check					
Full Name of Contributor Todd R. Emoff			Registration Number, if PAC		
Street Address 1123 Sleeping Meadow Drive	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0
City New Albany	State O	Zip Code 43054	Amount 100.00		
Form(Cash, Check, etc) Check					
Full Name of Contributor Robert E. and Patricia S. Froman			Registration Number, if PAC		
Street Address 325 Dellfield Way	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0
City Gahanna	State O	Zip Code 43230	Amount 150.00		
Form(Cash, Check, etc) Check					
Full Name of Contributor Rav J. King			Registration Number, if PAC		
Street Address 107 W. Johnstown Road	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0
City Gahanna	State O	Zip Code 43230	Amount 150.00		
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 \$ 600.00