

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 Ohio Assoc. of Advanced Practical Nurses			Registration Number, if PAC CP 1108		
Street Address 14761 Pearl Road, #255	Employer/Occupation/Labor Organization*		M 0	D 5	Y 03
City Strongsville	State OH	Zip Code 44136-5000	Amount 300.00		
Form (Cash, Check, etc) Check					
Full Name of Contributor Ohio Wholesale Marketers Association			Registration Number, if PAC OH430		
Street Address 42 E. Gay, Ste. 610	Employer/Occupation/Labor Organization*		M 0	D 5	Y 03
City Columbus	State OH	Zip Code 43215	Amount 150.00		
Form (Cash, Check, etc) Check					
Full Name of Contributor Ohio Contractors PAC			Registration Number, if PAC CP 295		
Street Address 1313 Dublin Road	Employer/Occupation/Labor Organization*		M 0	D 5	Y 03
City Columbus	State OH	Zip Code 43215	Amount 300.00		
Form (Cash, Check, etc) Check					
Full Name of Contributor Ohio Nurses Association			Registration Number, if PAC PCE 6542		
Street Address 4000 E. Main Street	Employer/Occupation/Labor Organization*		M 0	D 5	Y 03
City Columbus	State OH	Zip Code 43213	Amount 300.00		
Form (Cash, Check, etc) Check					
Full Name of Contributor Ohio Aggregates PAC			Registration Number, if PAC OH 585		
Street Address 162 N. Hamilton Road	Employer/Occupation/Labor Organization*		M 0	D 5	Y 03
City Gahanna	State OH	Zip Code 43230	Amount 150.00		
Form (Cash, Check, etc) Check					
Full Name of Contributor Ohio Medical Political Action Committee			Registration Number, if PAC C00003327		
Street Address 3401 Mill Run Drive	Employer/Occupation/Labor Organization*		M 0	D 5	Y 03
City Hilliard	State OH	Zip Code 43026	Amount 150.00		
Form (Cash, Check, etc) Check					
Full Name of Contributor Iron Workers Local #172			Registration Number, if PAC		
Street Address 2867 S. High Street	Employer/Occupation/Labor Organization*		M 0	D 5	Y 03
City Columbus	State OH	Zip Code 43207	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 \$ 1,500.00