Event Date	9/14/11
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## **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 MCG	BREGOR		
Full Name of Contributor  JANYCE KATZ			Registration Number, if PAC
Street Address 2725 FLORIBUNDA DR.	Employer/Occupa	ation/Labor Organization*	0 9 1 4 1 1 \$50.00
City COLUMBUS	State OH	Zip Code 43209	Form (Cash, Check, etc.) CHECK
Full Name of Contributor JEFFREY SCHMIDT			Registration Number, if PAC
Street Address 195 REGENTS RD.	Employer/Occupa	ation/Labor Organization*	0 9 1 4 1 1 Amount \$50.00
City GAHANNA	Staj te OH	Zip Code 43230	Form (Cash, Check, etc.) CHECK
Full Name of Contributor GARY JONES			Registration Number, if PAC
Street Address 1503 COMMONWEALTH DR.	Employer/Occupa	ntion/Labor Organization* NEY	0 9 1 4 1 1 Amount \$100.00
City BLACKLICK	Staj te OH	Zip Code 43004	Form (Cash, Check, etc.) CHECK
Full Name of Contributor MEROM BRACHMAN			Registration Number, if PAC
Street Address 311 N. DREXEL AVE.	Employer/Occupe RETIRE	ntion/Labor Organization*	M D Y Amount \$100.00
City COLUMBUS	Staj te OH	Zip Code 43209	Form (Cash, Check, etc.) CHECK
Full Name of Contributor LORETO CANINI			Registration Number, if PAC
Street Address 4381 ANTMON ROUND		ation/Labor Organization* BUILDERS	0 9 2 2 1 1 Amount \$100.00
City NEW ALBANY	OH	Zip Code 43054	Form (Cash, Check, etc.) CHECK
Full Name of Contributor ELIZABETH BURBA			Registration Number, if PAC
Street Address 384 DUNBARTON RD.		ation/Labor Organization*	0 9 1 4 1 1 Amount \$25.00
City GAHANNA	Sta`te OH	Zip Code 43230	Form (Cash, Check, etc.) CHECK
Full Name of Contributor PHIL SCHWENDENMAN			Registration Number, if PAC
Street Address 2660 DARBY CREEK RD.	Employer/Occupation/Labor Organization*		0 9 1 4 1 1 Amount \$55.00
City GROVE CITY	Staj te OH	Zip Code 43123	Form (Cash, Check, etc.) CASH

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

lotal	contributions this event
	\$480.00
ł	Ψ <del>-</del> 00.00
ı	1

Total expenditures this event.

1
\$0.00

<sup>\*</sup> 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)]