

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 R. E. Peters				Registration Number, if PAC	
Street Address 402 Candlewvck Road	Employer/Occupation/Labor Organization*		M 0	D 5	Y 03
City Camp Hill	State P A	Zip Code 17011	Form(Cash,Check,etc) Check		Amount 200.00
Full Name of Contributor				Registration Number, if PAC	
Street Address				M	D
City				Y	Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address				M	D
City				Y	Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address				M	D
City				Y	Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address				M	D
City				Y	Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address				M	D
City				Y	Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address				M	D
City				Y	Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address				M	D
City				Y	Amount

* 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 \$ 200.00