

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						CO	
Full Name of Contributor Robert Zelli				Registration Number, if PAC			
Street Address 715 Ronson Way		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	1	2	50.00
City Gahanna		State O	H	Zip Code 43230		Form(Cash,Check,etc) Check	
Full Name of Contributor Dilipe K. Ranade				Registration Number, if PAC			
Street Address 626 Laurel Ridge Court		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	1	2	50.00
City Gahanna		State O	H	Zip Code 43230		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	D	Y	Amount
				1	1	2	50.00
City Gahanna		State O	H	Zip Code 43230		Form(Cash,Check,etc) Check	
Full Name of Contributor James Swartzmiller				Registration Number, if PAC			
Street Address 6868 Bowerman St., West		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	1	2	50.00
City Worthington		State O	H	Zip Code 43085		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	D	Y	Amount
				1	1	2	100.00
City New Albany		State O	H	Zip Code 43054		Form(Cash,Check,etc) Check	
Full Name of Contributor Robert E. Froman				Registration Number, if PAC			
Street Address 325 Dellfield Way		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		Retired		1	1	2	150.00
City Gahanna		State O	H	Zip Code 43230		Form(Cash,Check,etc) Check	
Full Name of Contributor Ray J. King				Registration Number, if PAC			
Street Address 107 W. Johnstown Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	1	2	150.00
City Gahanna		State O	H	Zip Code 43230		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