

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 Funeral Directors Association			Registration Number, if PAC CP 305	
Street Address P. O. Box 21760	Employer/Occupation/Labor Organization*		M D Y 0 5 1 5 0 3	Amount 150.00
City Columbus	State O H	Zip Code 43221	Form (Cash, Check, etc) Check	
Full Name of Contributor Dealers Investment Group			Registration Number, if PAC CP 179	
Street Address 655 Metro Place S., Ste. 270	Employer/Occupation/Labor Organization*		M D Y 0 5 1 5 0 3	Amount 150.00
City Dublin	State O H	Zip Code 43017	Form (Cash, Check, etc) Check	
Full Name of Contributor Calfee, Hatter Griswold, LLP			Registration Number, if PAC FEC# C00351635	
Street Address 8005 Superior Avenue, Ste. 1400	Employer/Occupation/Labor Organization*		M D Y 0 5 1 5 0 3	Amount 150.00
City Cleveland	State O H	Zip Code 44114	Form (Cash, Check, etc) Check	
Full Name of Contributor Ohio Home Builders Association			Registration Number, if PAC OH 286	
Street Address 17 S. High Street, Ste. 700	Employer/Occupation/Labor Organization*		M D Y 0 5 1 5 0 3	Amount 300.00
City Columbus	State O H	Zip Code 43215	Form (Cash, Check, etc) Check	
Full Name of Contributor American Energy Corp PAC			Registration Number, if PAC	
Street Address P. O. Box 5	Employer/Occupation/Labor Organization*		M D Y 0 5 1 5 0 3	Amount 150.00
City Alledonia	State O H	Zip Code 43902	Form (Cash, Check, etc) Check	
Full Name of Contributor American Electric Power			Registration Number, if PAC FEC# C00096842	
Street Address	Employer/Occupation/Labor Organization*		M D Y 0 5 1 5 0 3	Amount 150.00
City Columbus	State O H	Zip Code 43215	Form (Cash, Check, etc) Check	
Full Name of Contributor Associated General Contractors			Registration Number, if PAC CP 287	
Street Address 1755 Northwest Blvd.	Employer/Occupation/Labor Organization*		M D Y 0 5 1 5 0 3	Amount 150.00
City Columbus	State O H	Zip Code 43212	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 \$ 1,200.00