Event Date	10/7/03
Page	6

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

	Trescribed by Se	cretary of State 02/01					
Name of Committee in Full COMMITTEE TO ELECT JAME	S McGREGOR						
Full Name of Contributor				Registration Number, if PAC			
Tiney McComb			1.05.55.11.011.110				
Street Address	Employer/Occur	Employer/Occupation/Labor Organization*		Y	Amount		
3936 James River Road		in project occupation sees of guination			1	100.00	
City .	State	Zip Code	1 1 2 1 0 3 100.0 Form(Cash,Check,etc)			100.00	
New Albany	l o l H	43054	Cas				
Full Name of Contributor	1 () ! 11	10001	Registration Nu		'C		
Karl Wetherholt				,_,	-		
Street Address	Employer/Occur	Employer/Occupation/Labor Organization*		Y	Amount	-	
541 E. N. Broadway	,,,	Employer occupation zation organization				25.00	
City	State	Zip Code		1 2 1 0 3 m(Cash,Check,etc)		20.00	
Columbus	O H	43214	Cas				
Full Name of Contributor	1 () ! 11	10211		Registration Number, if PAC			
This is the contractor				,			
Street Address	Employer/Occur	pation/Labor Organization*	M D	Y	Amount		
Succe Address		imployer/Occupation/Labor Organization					
City	State Zip Code		Form(Cash,Che	ck.etc)			
ich,			` '			ways a	
Full Name of Contributor				Registration Number, if PAC			
I in Name of Controller				•			
Street Address	Employer/Occur	Employer/Occupation/Labor Organization*		Y	Amount		
,			M D	1 1			
City	State	Zip Code	Form(Cash,Che	ck,etc)		_	
city			` '	. ,			
Full Name of Contributor		<u> </u>	Registration Nu	mber, if PA	.C		
Tall Traine of Continues				•			
Street Address	Employer/Occupation/Labor Organization*		M D	Y	Amount		
Davet 1 take son				1			
City	State	Zip Code	Form(Cash,Che	ck,etc)		· - ·	
Cuy							
Full Name of Contributor		<u> </u>	Registration Nu	mber, if PA	.C		
			į .				
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			Amount		
Succi Admicss							
City	State	Zip Code	Form(Cash,Che	ck,etc)			
		'		-			
Full Name of Contributor		<u> </u>	Registration Nu	mber if PA	\C		
an rane or commons			1				
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			Amount		
Succe Addices					1		
City	State	Zip Code	Form(Cash,Che	O ck,etc)			
Chy		F	` `				
* Required for contributions from individuals over \$100 to s	torouside and general accombin	candidates. If contributor is se	If-employed occups	tion rather	than employ	er	
 Remuted for contributions from individuals over \$100 to 5 	entervine and general assembly	CHIMICALES, II CONBIDURE IS SC					

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 \$	125.00
1			

Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is sett-employed, occupation rainer 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)]