

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 Tiney McComb			Registration Number, if PAC			
Street Address 3936 James River Road	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City New Albany	State O H	Zip Code 43054	1 1	2 1	0 3	100.00
Form(Cash,Check,etc) Cash						
Full Name of Contributor Karl Wetherholt			Registration Number, if PAC			
Street Address 541 E. N. Broadway	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus	State O H	Zip Code 43214	1 1	2 1	0 3	25.00
Form(Cash,Check,etc) Cash						
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code				
Form(Cash,Check,etc)						
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code				
Form(Cash,Check,etc)						
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code				
Form(Cash,Check,etc)						
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code				
Form(Cash,Check,etc)						
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code			0	
Form(Cash,Check,etc)						

* 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 \$ 125.00