3	1-	E
R.	C.	3517.10(B)

Event Date	10/7/03					
Page	1					

Statement of Contributions Received at a Social or Fundraising Event

	Prescribe	d by Sec	retary of State 02/01					
Name of Committee in Full								
COMMITTEE TO ELECT JAMES McC	GREGO	<u>DR</u>						
Full Name of Contributor				Registration Number, if PAC				
Pat r icia Davidson								
Street Address	Employ	er/Occup:	ation/Labor Organization*	М	D	Y	Amount	
4444 Shull Road	М.	DPre	emier Anesth.	110	013	013		200.00
City		tate	Zip Code		ish,Check			
Gahanna	\perp	H	43230		Checl			
Full Name of Contributor		-				ber, if PA	.C	
Kenneth W. Foltz				-				
Street Address	Employ	er/Occup	ation/Labor Organization*	М	D	Y	Amount	
1410 S. 6th Street	' '		ū	1110	017	โกเส		25.00
City	S	tate	Zip Code		sh,Check			20100
Columbus	آ م ا	lΗ	43207		Chec			
Full Name of Contributor	1 ()	1 11	10207			ber, if PA	C	
GlenDugger						,	-	
Street Address	Employ	er/Occum	ation/Labor Organization*	M	Ð	ΙΥ	Amount	
31 W. Broad St.		eir Octup	ation rates organization	1	017			25.00
City		tate	Zip Code		ish,Check			25.00
	_ ~ "	lΗ	43215		Chec			
Columbus Full Name of Contributor	() H 45215			Registration Number, if PAC				
		CP 322						
Ohio Council of Retail Merchants Street Address	Employ	ar/Occurs	ation/Labor Organization*	M M	<u> </u>	ΙΥ	Amount	
	Emproy	enOccup	anoiv Labor Organization		017		Autoun	100.00
50 West Broad Street	+ -		7:- Cada		sh,Check			100.00
City	,	tate	Zîp Code 43215					
Columbus	10	H	43213		Chec	ber, if PA	,	
Full Name of Contributor						DCT, II PA	·C	
Ohio Aggregates PAC	- In .		OH :	COC D	Γ- <u>γ</u> -	r		
Street Address	Employer/Occupation/Labor Organization*			M	I	- 1	Amount	100.00
162 N. Hamilton Road			In a l	110	UI/ ash,Checl	013		100.00
City	S	tate	Zip Code	-		-		
Gahanna		<u> </u> H	43230	_	Chec!			
Full Name of Contributor Registration Number, if PAC								
W. Jerome Isler				_				
Street Address	Employ	er/Occup	ation/Labor Organization*	M	D	Y	Amount	25.00
62 St. Stepehens Court						0 3		25.00
City	S	tate	Zip Code		ash,Checl	-		
Gahanna		O H 43230		Check				
Full Name of Contributor				Registra	tion Num	ber, if PA	.C	
F. D. Ziegler								
Street Address	Employ	ег/Оссир	ation/Labor Organization*	M	D	Y	Amount	
P. O. Box 200						013		30.00
City	State Zip Code				ash Checi			
Summit Station	\perp_{Ω}	H	43073		Chec.	k		
								_

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				
	` `**	Mr. Stan. 11			•	7.	
2.120.00	[<u> </u>		<u>81.</u>	3.24

Page Total \$	505.00
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^{*} 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)]