

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 Patricia Davidson					Registration Number, if PAC		
Street Address 4444 Shull Road		Employer/Occupation/Labor Organization* M.D.-Premier Anesth.		M 1	D 0	Y 3	Amount 200.00
City Gahanna		State O H	Zip Code 43230	Form(Cash,Check,etc) Check			
Full Name of Contributor Kenneth W. Foltz					Registration Number, if PAC		
Street Address 1410 S. 6th Street		Employer/Occupation/Labor Organization*		M 1	D 0	Y 7	Amount 25.00
City Columbus		State O H	Zip Code 43207	Form(Cash,Check,etc) Check			
Full Name of Contributor GlenDugger					Registration Number, if PAC		
Street Address 31 W. Broad St.		Employer/Occupation/Labor Organization*		M 1	D 0	Y 7	Amount 25.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Ohio Council of Retail Merchants					Registration Number, if PAC CP 322		
Street Address 50 West Broad Street		Employer/Occupation/Labor Organization*		M 1	D 0	Y 7	Amount 100.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Ohio Aggregates PAC					Registration Number, if PAC OH 585		
Street Address 162 N. Hamilton Road		Employer/Occupation/Labor Organization*		M 1	D 0	Y 7	Amount 100.00
City Gahanna		State O H	Zip Code 43230	Form(Cash,Check,etc) Check			
Full Name of Contributor W. Jerome Isler					Registration Number, if PAC		
Street Address 62 St. Stephens Court		Employer/Occupation/Labor Organization*		M 1	D 0	Y 7	Amount 25.00
City Gahanna		State O H	Zip Code 43230	Form(Cash,Check,etc) Check			
Full Name of Contributor F. D. Ziegler					Registration Number, if PAC		
Street Address P. O. Box 200		Employer/Occupation/Labor Organization*		M 1	D 0	Y 7	Amount 30.00
City Summit Station		State O H	Zip Code 43073	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
2,120.00	813.24

Page Total \$	505.00
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