

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

|   |  |                               |  |   |                         |
|---|--|-------------------------------|--|---|-------------------------|
| Name of Committee in Full<br><b>COMMITTEE TO ELECT JAMES MCGREGOR</b>       |  |                               |  |   |                         |
| Full Name of Contributor<br><b>Ohio Assoc. of Advanced Practical Nurses</b> |  |                               |  | Registration Number, if PAC<br><b>CP 1108</b>   |                         |
| Street Address<br><b>14761 Pearl Road, #255</b>                             | Employer/Occupation/Labor Organization*                              |                               | M<br><b>0</b>                          | D<br><b>5</b>                                   | Y<br><b>0</b>           |
| City<br><b>Strongsville</b>   | State<br><b>OH</b>   | Zip Code<br><b>44136-5000</b> | Form(Cash, Check, etc)<br><b>Check</b> |   | Amount<br><b>300.00</b> |
| Full Name of Contributor<br><b>Ohio Wholesale Marketers Association</b>     |  |                               |  | Registration Number, if PAC<br><b>OH430</b>     |                         |
| Street Address<br><b>42 E. Gay, Ste. 610</b>                                | Employer/Occupation/Labor Organization*                              |                               | M<br><b>0</b>                          | D<br><b>5</b>                                   | Y<br><b>0</b>           |
| City<br><b>Columbus</b>   | State<br><b>OH</b>   | Zip Code<br><b>43215</b>      | Form(Cash, Check, etc)<br><b>Check</b> |   | Amount<br><b>150.00</b> |
| Full Name of Contributor<br><b>Ohio Contractors PAC</b>                     |  |                               |  | Registration Number, if PAC<br><b>CP 295</b>    |                         |
| Street Address<br><b>1313 Dublin Road</b>                                   | Employer/Occupation/Labor Organization*                              |                               | M<br><b>0</b>                          | D<br><b>5</b>                                   | Y<br><b>0</b>           |
| City<br><b>Columbus</b>   | State<br><b>OH</b>   | Zip Code<br><b>43215</b>      | Form(Cash, Check, etc)<br><b>Check</b> |   | Amount<br><b>300.00</b> |
| Full Name of Contributor<br><b>Ohio Nurses Association</b>                  |  |                               |  | Registration Number, if PAC<br><b>PCE 6542</b>  |                         |
| Street Address<br><b>4000 E. Main Street</b>                                | Employer/Occupation/Labor Organization*                              |                               | M<br><b>0</b>                          | D<br><b>5</b>                                   | Y<br><b>0</b>           |
| City<br><b>Columbus</b>   | State<br><b>OH</b>   | Zip Code<br><b>43213</b>      | Form(Cash, Check, etc)<br><b>Check</b> |   | Amount<br><b>300.00</b> |
| Full Name of Contributor<br><b>Ohio Aggregates PAC</b>                      |  |                               |  | Registration Number, if PAC<br><b>OH 585</b>    |                         |
| Street Address<br><b>162 N. Hamilton Road</b>                               | Employer/Occupation/Labor Organization*                              |                               | M<br><b>0</b>                          | D<br><b>5</b>                                   | Y<br><b>0</b>           |
| City<br><b>Gahanna</b>  | State<br><b>OH</b>   | Zip Code<br><b>43230</b>      | Form(Cash, Check, etc)<br><b>Check</b> |   | Amount<br><b>150.00</b> |
| Full Name of Contributor<br><b>Ohio Medical Political Action Committee</b>  |  |                               |  | Registration Number, if PAC<br><b>C00003327</b> |                         |
| Street Address<br><b>3401 Mill Run Drive</b>                                | Employer/Occupation/Labor Organization*                              |                               | M<br><b>0</b>                          | D<br><b>5</b>                                   | Y<br><b>0</b>           |
| City<br><b>Hilliard</b>   | State<br><b>OH</b>   | Zip Code<br><b>43026</b>      | Form(Cash, Check, etc)<br><b>Check</b> |   | Amount<br><b>150.00</b> |
| Full Name of Contributor<br><b>Iron Workers Local #172</b>                  |  |                               |  | Registration Number, if PAC                     |                         |
| Street Address<br><b>2867 S. High Street</b>                                | Employer/Occupation/Labor Organization*<br><b>Labor Organization</b> |                               | M<br><b>0</b>                          | D<br><b>5</b>                                   | Y<br><b>0</b>           |
| City<br><b>Columbus</b>   | State<br><b>OH</b>   | Zip Code<br><b>43207</b>      | Form(Cash, Check, etc)<br><b>Check</b> |   | Amount<br><b>150.00</b> |

\* 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 \$ 1,500.00