

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 R. E. Peters				Registration Number, if PAC	
Street Address 402 Candlewvck		Employer/Occupation/Labor Organization*		M D Y 1 0 0 7 0 3	Amount 100.00
City Camp Hill		State P A	Zip Code 17011-8475	Form (Cash, Check, etc) Check	
Full Name of Contributor Thomas E. Mosure				Registration Number, if PAC	
Street Address 4250 Dublin Road		Employer/Occupation/Labor Organization*		M D Y 1 0 1 5 0 3	Amount 25.00
City Columbus		State O H	Zip Code 43221	Form (Cash, Check, etc) Check	
Full Name of Contributor Douglas E. & Rose Marv Kobler				Registration Number, if PAC	
Street Address 205 S. Virginia Lee Road		Employer/Occupation/Labor Organization*		M D Y 1 0 1 5 0 3	Amount 70.00
City Columbus		State O H	Zip Code 43209	Form (Cash, Check, etc) Check	
Full Name of Contributor William E. Stilson				Registration Number, if PAC	
Street Address 7610 Olentangy River Rd., Ste. 200		Employer/Occupation/Labor Organization*		M D Y 1 0 1 7 0 3	Amount 50.00
City Columbus		State O H	Zip Code 43235	Form (Cash, Check, etc) Check	
Full Name of Contributor Ohio Home Builders Association PAC				Registration Number, if PAC OH 286	
Street Address 17 S. High Street, Ste. 700		Employer/Occupation/Labor Organization*		M D Y 1 0 1 7 0 3	Amount 100.00
City Columbus		State O H	Zip Code 43215-3441	Form (Cash, Check, etc) Check	
Full Name of Contributor E. E. and Nancy Maddy				Registration Number, if PAC	
Street Address 164 Mistv Oak Place		Employer/Occupation/Labor Organization*		M D Y 1 0 1 7 0 3	Amount 25.00
City Gahanna		State O H	Zip Code 43230	Form (Cash, Check, etc) Check	
Full Name of Contributor Larry P. Zapp				Registration Number, if PAC	
Street Address 160 Carney Place		Employer/Occupation/Labor Organization*		M D Y 1 1 2 1 0 3	Amount 50.00
City Gahanna		State O H	Zip Code 43230	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

Page Total \$ 420.00