

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 First Energy Political Action Comm			Registration Number, if PAC C00140855	
Street Address 76 S. Main Street	Employer/Occupation/Labor Organization*		M D Y 1 2 3 0 0 3	Amount 1,000.00
City Akron	State O H	Zip Code 44308-1890	Form(Cash,Check,etc) Check	
Full Name of Contributor Ohio Association of Advanced Practice Nursing			Registration Number, if PAC 255	
Street Address 14761 Pearl Road, #255	Employer/Occupation/Labor Organization*		M D Y 1 1 2 1 0 3	Amount 250.00
City Strongsville	State O H	Zip Code 44136-6000	Form(Cash,Check,etc) Check	
Full Name of Contributor Timothy R. and Victoria L. Foley			Registration Number, if PAC	
Street Address 635 Brooksedge Blvd.	Employer/Occupation/Labor Organization*		M D Y 1 1 2 1 0 3	Amount 100.00
City Westerville	State O H	Zip Code 43081	Form(Cash,Check,etc) Check	
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)	

* 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 \$ 1,350.00