

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full COMMITTEE TO ELECT JAMES MCGREGOR				
Full Name of Contributor ANONYMOUS			Registration Number, if PAC	
Street Address UNKNOWN	Employer/Occupation/Labor Organization*		M 1	D 0
City UNKNOWN	State OH	Zip Code	Y 1	Amount \$10.00
Full Name of Contributor WILLIAM KAIKIS			Registration Number, if PAC	
Street Address 73 NOB HILL DR. N.	Employer/Occupation/Labor Organization*		M 1	D 0
City GAHANNA	State OH	Zip Code 43230	Y 1	Amount \$50.00
Full Name of Contributor PATRICIA FROMM			Registration Number, if PAC	
Street Address 325 DELFIELD WAY	Employer/Occupation/Labor Organization*		M 1	D 0
City GAHANNA	State OH	Zip Code 43230	Y 1	Amount \$50.00
Full Name of Contributor MARY BIXLER-PETRO			Registration Number, if PAC	
Street Address 322 SYCAMORE WOODS LANE	Employer/Occupation/Labor Organization*		M 1	D 0
City GAHANNA	State OH	Zip Code 43230	Y 1	Amount \$50.00
Full Name of Contributor MONA ASWAD			Registration Number, if PAC	
Street Address 852 TAMARA DR. N.	Employer/Occupation/Labor Organization*		M 1	D 0
City GAHANNA	State OH	Zip Code 43230	Y 1	Amount \$50.00
Full Name of Contributor EMMA O'DANIEL			Registration Number, if PAC	
Street Address 108 NOB HILL DR. N.	Employer/Occupation/Labor Organization*		M 1	D 0
City GAHANNA	State OH	Zip Code 43230	Y 1	Amount \$25.00
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State	Zip Code	Y	Amount
	OH			

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, 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 also 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

\$235.00

Total expenditures this event.

\$0.00

Page Total \$ **\$235.00**