

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 DEBRA BOYD			Registration Number, if PAC	
Street Address 740 N. HAMILTON RD.	Employer/Occupation/Labor Organization*		M D Y 0 8 1 1 1 1	Amount \$50.00
City GAHANNA	State OH	Zip Code 43230	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor MICHAEL REES			Registration Number, if PAC	
Street Address 7117 PLEASANT COLONY DR.	Employer/Occupation/Labor Organization* REES FLOWERS		M D Y 0 8 1 1 1 1	Amount \$100.00
City BLACKLICK	State OH	Zip Code 43004	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor CYNTHIA CANTER			Registration Number, if PAC	
Street Address 750 FLINT RIDGE AVE.	Employer/Occupation/Labor Organization*		M D Y 0 8 1 1 1 1	Amount \$50.00
City GAHANNA	State OH	Zip Code 43230	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor PATTI KARST			Registration Number, if PAC	
Street Address 1038 ZODIAC AVE.	Employer/Occupation/Labor Organization*		M D Y 0 8 0 1 1 1	Amount \$50.00
City GAHANNA	State OH	Zip Code 43230	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor PHIL KOPPELL			Registration Number, if PAC	
Street Address 118 ACADEMY WOODS DR.	Employer/Occupation/Labor Organization*		M D Y 0 8 1 1 1 1	Amount \$70.00
City GAHANNA	State OH	Zip Code 43230	Form (Cash, Check, etc.) CASH	
Full Name of Contributor JAMES KESSER III			Registration Number, if PAC	
Street Address 487 WHITLEY DR.	Employer/Occupation/Labor Organization* KESSER JEWELERS		M D Y 0 8 1 1 1 1	Amount \$500.00
City GAHANNA	State OH	Zip Code 43230	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 OH	Zip Code	Form (Cash, Check, etc.)	

* 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

\$1,620.00

Total expenditures this event.

\$0.00

Page Total \$ **\$820.00**