

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 LYNN KREUZER			Registration Number, if PAC	
Street Address 6395 HAVENS ROAD	Employer/Occupation/Labor Organization*		M 0	D 7
City BLACKLICK	State OH	Zip Code 43004	Y 1	Amount \$70.00
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor BONNIE MORRIS			Registration Number, if PAC	
Street Address 770 HAWKS CREST LANE	Employer/Occupation/Labor Organization* RETIRED		M 0	D 7
City BLACKLICK	State OH	Zip Code 43004	Y 1	Amount \$100.00
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor CARLA JONES			Registration Number, if PAC	
Street Address 662 LAUREL RIDGE DR.	Employer/Occupation/Labor Organization*		M 0	D 7
City GAHANNA	State OH	Zip Code 43230	Y 1	Amount \$35.00
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor TODD EMOFF			Registration Number, if PAC	
Street Address 1123 SLEEPING MEADOW DR.	Employer/Occupation/Labor Organization*		M 0	D 7
City NEW ALBANY	State OH	Zip Code	Y 1	Amount \$50.00
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor MARK FOSTER			Registration Number, if PAC	
Street Address 583 SHADEWOOD CT.	Employer/Occupation/Labor Organization*		M 0	D 7
City COLUMBUS	State OH	Zip Code 43230	Y 1	Amount \$35.00
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor JUDITH PHELPS			Registration Number, if PAC	
Street Address 529 LANDOVER PL.	Employer/Occupation/Labor Organization*		M 0	D 7
City GAHANNA	State OH	Zip Code 43230	Y 1	Amount \$50.00
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor SARAH HEABERLIN			Registration Number, if PAC	
Street Address 236 HERMITAGE	Employer/Occupation/Labor Organization*		M 0	D 7
City GAHANNA	State OH	Zip Code 43230	Y 1	Amount \$1.00
Form (Cash, Check, etc.) CASH				

* 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

\$1,421.00

Total expenditures this event.

\$0.00

Page Total \$ **\$341.00**