

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 LAURA JOHNSON		Registration Number, if PAC		
Street Address 270 MILAN DR.	Employer/Occupation/Labor Organization* RETIRED	M 0	D 7	Y 11 Amount \$70.00
City GAHANNA	State OH	Zip Code 43230	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor WILLIAM SMITH		Registration Number, if PAC		
Street Address 223 GLENHURST CT.	Employer/Occupation/Labor Organization*	M 0	D 7	Y 11 Amount \$35.00
City GAHANNA	State OH	Zip Code 43230	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor PIERRE OHARE		Registration Number, if PAC		
Street Address 1009 ZODIAC AVE.	Employer/Occupation/Labor Organization*	M 0	D 7	Y 11 Amount \$50.00
City GAHANNA	State OH	Zip Code 43230	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor LAURA JOHNSON		Registration Number, if PAC		
Street Address 270 MILAN DR.	Employer/Occupation/Labor Organization* RETIRED	M 0	D 7	Y 11 Amount \$100.00
City GAHANNA	State OH	Zip Code 43230	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor STACY DILTS		Registration Number, if PAC		
Street Address 548 BONNINGTON WAY	Employer/Occupation/Labor Organization*	M 0	D 7	Y 11 Amount \$50.00
City GAHANNA	State OH	Zip Code 43230	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor IVAN HARPER		Registration Number, if PAC		
Street Address 164 SPRINGBROOK DR.	Employer/Occupation/Labor Organization*	M 0	D 7	Y 11 Amount \$50.00
City GAHANNA	State OH	Zip Code 43230	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor DONNA HYNES		Registration Number, if PAC		
Street Address 730 HAWKS CREST LN.	Employer/Occupation/Labor Organization*	M 0	D 7	Y 11 Amount \$50.00
City BLACKLICK	State OH	Zip Code 43004	Form (Cash, Check, etc.) CHECK	

* 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 \$ **\$405.00**