

Event Date 10/7/03

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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 William Cotton and Patricia Davidson				Registration Number, if PAC	
Street Address 4444 Shull Road	Employer/Occupation/Labor Organization*			M D Y 11 0 03 03	Amount 200.00
City Gahanna	State O H	Zip Code 43230		Form (Cash, Check, etc) Check	
Full Name of Contributor Kenneth W. Foltz				Registration Number, if PAC	
Street Address 1410 S. 6th Street	Employer/Occupation/Labor Organization*			M D Y 11 0 07 03	Amount 25.00
City Columbus	State O H	Zip Code 43207		Form (Cash, Check, etc) Check	
Full Name of Contributor Glen Dugger				Registration Number, if PAC	
Street Address 31 W. Broad St.	Employer/Occupation/Labor Organization*			M D Y 11 0 07 03	Amount 25.00
City Columbus	State O H	Zip Code 43215		Form (Cash, Check, etc) Check	
Full Name of Contributor Ohio Council of Retail Merchants				Registration Number, if PAC CP 322	
Street Address 50 West Broad Street	Employer/Occupation/Labor Organization*			M D Y 11 0 07 03	Amount 100.00
City Columbus	State O H	Zip Code 43215		Form (Cash, Check, etc) Check	
Full Name of Contributor Ohio Aggregates PAC				Registration Number, if PAC OH 585	
Street Address 162 N. Hamilton Road	Employer/Occupation/Labor Organization*			M D Y 11 0 07 03	Amount 100.00
City Gahanna	State O H	Zip Code 43230		Form (Cash, Check, etc) Check	
Full Name of Contributor W. Jerome and Nancy Isler				Registration Number, if PAC	
Street Address 62 St. Stephens Court	Employer/Occupation/Labor Organization*			M D Y 11 0 07 03	Amount 25.00
City Gahanna	State O H	Zip Code 43230		Form (Cash, Check, etc) Check	
Full Name of Contributor F. D. Ziegler				Registration Number, if PAC	
Street Address P. O. Box 200	Employer/Occupation/Labor Organization*			M D Y 11 0 07 03	Amount 30.00
City Summit Station	State O H	Zip Code 43073		Form (Cash, Check, etc) Check	

* 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

2,120.00

Total expenditures this event

813.24

Page Total \$ 505.00