

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 Ohio Optometry PAC				Registration Number, if PAC 329			
Street Address 250 E. Wilson Bridge Rd., #250		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	1	150.00
City Worthington		State O	Zip Code H 43085	Form (Cash, Check, etc) Check			
Full Name of Contributor Columbus/Central Ohio Building Trades Council				Registration Number, if PAC			
Street Address 555 E. Rich Street, Room 213		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	1	150.00
City Columbus/Central Ohio Building Trades		State O	Zip Code H 43215	Form (Cash, Check, etc) Check			
Full Name of Contributor Ohio Apartment Owners Political Action Committee				Registration Number, if PAC OH275			
Street Address 1225 Dublin Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	1	150.00
City Columbus/Central Ohio Building Trades		State O	Zip Code H 43255	Form (Cash, Check, etc) Check			
Full Name of Contributor Power PAC				Registration Number, if PAC OH 751			
Street Address 3070 Riverside Drive, Ste. 165		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	1	250.00
City Columbus/Central Ohio Building Trades		State O	Zip Code H 43221	Form (Cash, Check, etc) Check			
Full Name of Contributor Wholesale Beer & Wine Assoc. of Ohio				Registration Number, if PAC CP 127			
Street Address 37 W. Broad St., Ste. 710		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	1	150.00
City Columbus/Central Ohio Building Trades		State O	Zip Code H 43215	Form (Cash, Check, etc) Check			
Full Name of Contributor Realtors Political Action Committee				Registration Number, if PAC CP 401			
Street Address 200 E. Town Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	1	200.00
City Columbus/Central Ohio Building Trades		State O	Zip Code H 43215	Form (Cash, Check, etc) Check			
Full Name of Contributor Schottenstein Zox and Dunn				Registration Number, if PAC			
Street Address 41 S. High Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	1	150.00
City Columbus		State O	Zip Code H 43215	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

4,100.00

Total expenditures this event

292.00

Page Total \$ 1,200.00