

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 MARK SCHROEDER				Registration Number, if PAC	
Street Address 247 HIDEAWAY CT.		Employer/Occupation/Labor Organization*		M D Y 0 4 1 4 1 1	Amount \$50.00
City POWELL		State OH	Zip Code 43065	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor STEPHEN HENSON				Registration Number, if PAC	
Street Address 5404 GRAND RIDGE DR.		Employer/Occupation/Labor Organization*		M D Y 0 4 1 4 1 1	Amount \$50.00
City GALENA		State OH	Zip Code 43021	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor SHAUNE SKINNER				Registration Number, if PAC	
Street Address 800 FREEWAY DR. N., SUITE 101		Employer/Occupation/Labor Organization*		M D Y 0 4 1 4 1 1	Amount \$50.00
City COLUMBUS		State OH	Zip Code 43229	Form (Cash, Check, etc.) CASH	
Full Name of Contributor JERRY DAILEY				Registration Number, if PAC	
Street Address 516 SYCAMORE DR.		Employer/Occupation/Labor Organization*		M D Y 0 4 1 4 1 1	Amount \$250.00
City PICKERINGTON		State OH	Zip Code 43147	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.)	
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.)	
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
\$1,375.00

Total expenditures this event.
\$0.00

Page Total \$ **400.00**