

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 JEFFREY KERR			Registration Number, if PAC			
Street Address 2840 SHADY RIDGE DR.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1	Amount \$50.00
City COLUMBUS	State OH	Zip Code 43231	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor ANNE RIDGEWAY			Registration Number, if PAC			
Street Address 2700 SHERWOOD RD.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1	Amount \$50.00
City COLUMBUS	State OH	Zip Code 43209	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor TIMOTHY VANECHO			Registration Number, if PAC			
Street Address 6191 HERITAGE LAKES DR.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1	Amount \$50.00
City HILLIARD	State OH	Zip Code 43026	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor THOMAS VORISEK			Registration Number, if PAC			
Street Address 661 PARKEDGE DR.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1	Amount \$50.00
City GAHANNA	State OH	Zip Code 43230	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor LEWIS GRIFFIN			Registration Number, if PAC			
Street Address 2737 COLTS NECK RD.	Employer/Occupation/Labor Organization* LEWIS GRIFFIN INSURANCE		M 0	D 4	Y 1	Amount \$500.00
City BLACKICK	State OH	Zip Code 43004	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor J.A. SWARTZMILLER			Registration Number, if PAC			
Street Address 6868 BOWERMAN ST., WEST	Employer/Occupation/Labor Organization* RETIRED		M 0	D 4	Y 1	Amount \$200.00
City WORTHINGTON	State OH	Zip Code 43085	Form (Cash, Check, etc.) CHECK			
Full Name of Contributor NELSON KOHMAN			Registration Number, if PAC			
Street Address PO BOX 740	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1	Amount \$75.00
City YELLOW SPRINGS	State OH	Zip Code 45387	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

Total expenditures this event.

\$1,325.00

\$0.00

Page Total \$ **\$975.00**