

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full							
<b>COMMITTEE TO ELECT JAMES MCGREGOR</b>							
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form 1 2			
Full Name of Contributor				Registration Number, if PAC			
Gregg E. Morris							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
115 Walcreek Drive, W.				1	1	2	35.00
City		State	Zip Code	Form(Cash,Check,etc)			
Gahanna		O   H	43230	Check			
Full Name of Contributor				Registration Number, if PAC			
Alvin McKenna							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
202 Academy Ct.				1	1	2	35.00
City		State	Zip Code	Form(Cash,Check,etc)			
Gahanna		O   H	43230	Check			
Full Name of Contributor				Registration Number, if PAC			
George Matalka							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
326 Warlock Ct.				1	1	2	35.00
City		State	Zip Code	Form(Cash,Check,etc)			
Gahanna		O   H	43230	Check			
Full Name of Contributor				Registration Number, if PAC			
Kenneth Holland							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
697 Crossing Creek S.				1	1	2	35.00
City		State	Zip Code	Form(Cash,Check,etc)			
Gahanna		O   H	43230	Check			
Full Name of Contributor				Registration Number, if PAC			
George E. Parker, Jr.							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
P. O. Box 30927				1	1	2	50.00
City		State	Zip Code	Form(Cash,Check,etc)			
Columbus		O   H	43230-0927	Check			
Full Name of Contributor				Registration Number, if PAC			
Scott McComb							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
230 Barnhill Court				1	1	2	50.00
City		State	Zip Code	Form(Cash,Check,etc)			
Gahanna		O   H	43230	Cash			

\* 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

Total expenditures this event

Page Total \$ 240.00