

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