

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 Roland Hall				Registration Number, if PAC	
Street Address 83 Nob Hill Drive, N.	Employer/Occupation/Labor Organization*			M D Y 1 1 2 1 0 3	Amount 50.00
City Gahanna	State O H	Zip Code 43230		Form(Cash, Check, etc) Check	
Full Name of Contributor Thomas Weber				Registration Number, if PAC	
Street Address 504A Havens Corner Road	Employer/Occupation/Labor Organization*			M D Y 1 1 2 1 0 3	Amount 25.00
City Gahanna	State O H	Zip Code 43230		Form(Cash, Check, etc) Check	
Full Name of Contributor OhioReady Mix Concrete Assn. PAC				Registration Number, if PAC OH 342	
Street Address 1900 E. Dublin-Granville Road	Employer/Occupation/Labor Organization*			M D Y 1 1 2 1 0 3	Amount 25.00
City Columbus	State O H	Zip Code 43229-0190		Form(Cash, Check, etc) Check	
Full Name of Contributor Joyce Garver Keller				Registration Number, if PAC	
Street Address 2607 Sherwood	Employer/Occupation/Labor Organization*			M D Y 1 1 2 1 0 3	Amount 25.00
City Columbus	State O H	Zip Code 43209		Form(Cash, Check, etc) Check	
Full Name of Contributor Mona Aswad				Registration Number, if PAC	
Street Address 852 Tamara Drive, N.	Employer/Occupation/Labor Organization*			M D Y 1 1 2 1 0 3	Amount 35.00
City Gahanna	State O H	Zip Code 43230		Form(Cash, Check, etc) Check	
Full Name of Contributor Pierre Ohare				Registration Number, if PAC	
Street Address 1009 Zodiac Avenue	Employer/Occupation/Labor Organization*			M D Y 1 1 2 1 0 3	Amount 35.00
City Gahanna	State O H	Zip Code 43230		Form(Cash, Check, etc) Check	
Full Name of Contributor Thomas Evers				Registration Number, if PAC	
Street Address 470 Whitley Drive	Employer/Occupation/Labor Organization*			M D Y 1 1 2 1 0 3	Amount 35.00
City Gahanna	State O H	Zip Code 43230		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

Total expenditures this event

Page Total \$ 230.00