

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				FIGHT PART			
Committee to Elect James C. Ragland							
Full Name of Contributor				Registration Number, if PAC			
Juanita Marbury							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
18801 Naumann Avenue		Self Employed		0	5	02	15
City		State	Zip Code	Form(Cash,Check,etc)			
Euclid		O H	44119	Cash			
Full Name of Contributor				Registration Number, if PAC			
Rvan Johnson							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2651 Lindora Place				0	5	02	15
City		State	Zip Code	Form(Cash,Check,etc)			
Columbus		O H	43232	Cash			
Full Name of Contributor				Registration Number, if PAC			
Gregory Lee							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	02	15
City		State	Zip Code	Form(Cash,Check,etc)			
				Cash			
Full Name of Contributor				Registration Number, if PAC			
Regina R. Harper							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3370 McCutcheon Crossing Drive				0	5	02	15
City		State	Zip Code	Form(Cash,Check,etc)			
Columbus		O H	43219	Check			
Full Name of Contributor				Registration Number, if PAC			
Kimberleigh Hughes Turner							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
405 River Road				0	5	02	15
City		State	Zip Code	Form(Cash,Check,etc)			
Wilmington		D E	19809	Check			
Full Name of Contributor				Registration Number, if PAC			
Dorothy Rhvnehardt							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
164 Whitethorne Avenue				0	5	02	15
City		State	Zip Code	Form(Cash,Check,etc)			
Columbus		O H	43223	Check			
Full Name of Contributor				Registration Number, if PAC			
Deborah R. Pickens							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
6831 Scioto Chase Boulevard				0	5	02	15
City		State	Zip Code	Form(Cash,Check,etc)			
Powell		O H	43065	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 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
450.00

Total expenditures this event
0.00

Page Total \$ 450.00