

Statement of Contributions Received

at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect James C. Ragland				HARPER			
Full Name of Contributor Claudia Harper				Registration Number, if PAC			
Street Address 558 Woodbury Avenue	Employer/Occupation/Labor Organization* Retired		M 0	D 3	Y 15	Amount 50.00	
City Columbus	State O	Zip Code H 43223	Form (Cash, Check, etc) Check				
Full Name of Contributor Sandra Ragland				Registration Number, if PAC			
Street Address 3631 Florian Drive	Employer/Occupation/Labor Organization* Retired		M 0	D 3	Y 15	Amount 50.00	
City Columbus	State O	Zip Code H 43219	Form (Cash, Check, etc) Check				
Full Name of Contributor Henry Pickens				Registration Number, if PAC			
Street Address 6831 Scioto Chase Boulevard	Employer/Occupation/Labor Organization* DFAS		M 0	D 3	Y 15	Amount 100.00	
City Powell	State O	Zip Code H 43065	Form (Cash, Check, etc) Check				
Full Name of Contributor Bret M. Price				Registration Number, if PAC			
Street Address 224 Postage Circle	Employer/Occupation/Labor Organization* JPMorgan Chase		M 0	D 3	Y 15	Amount 25.00	
City Pickerington	State O	Zip Code H 43147	Form (Cash, Check, etc) Check				
Full Name of Contributor Regina R. Harper				Registration Number, if PAC			
Street Address 3370 McCutcheon Crossing Drive	Employer/Occupation/Labor Organization* JPMorgan Chase		M 0	D 3	Y 15	Amount 100.00	
City Columbus	State O	Zip Code H 43219	Form (Cash, Check, etc) Check				
Full Name of Contributor Stacey Poole				Registration Number, if PAC			
Street Address 1245 Eagle View Drive	Employer/Occupation/Labor Organization* Cols Speech & Hearing Cer		M 0	D 3	Y 15	Amount 30.00	
City Columbus	State O	Zip Code H 43228	Form (Cash, Check, etc) Credit				
Full Name of Contributor Tracie Martin				Registration Number, if PAC			
Street Address 1411 Fairwood Avenuer	Employer/Occupation/Labor Organization* JPMorgan Chase		M 0	D 3	Y 15	Amount 25.00	
City Columbus	State O	Zip Code H 43206	Form (Cash, Check, etc) Credit				

* 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

Total expenditures this event

Page Total \$ 380.00