

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

Prescribed by Secretary of State 3/05

Name of Committee in Full				MARCH MADNES			
Committee to Elect James C. Ragland				Registration Number, if PAC			
Full Name of Contributor Mr. Naseem							
Street Address 2959 Stelzer Road	Employer/Occupation/Labor Organization* Self-Employed / Barber		M 0	D 3	Y 28	Amount 25.00	
City Columbus	State OH	Zip Code 43219	Form(Cash, Check, etc) Cash				
Full Name of Contributor Richard Anderson				Registration Number, if PAC			
Street Address 3151 Crossgate Road	Employer/Occupation/Labor Organization* Retired		M 0	D 3	Y 28	Amount 10.00	
City Columbus	State OH	Zip Code 43232	Form(Cash, Check, etc) Cash				
Full Name of Contributor Martha Harmon				Registration Number, if PAC			
Street Address 3616 Florian Drive	Employer/Occupation/Labor Organization* Retired		M 0	D 3	Y 28	Amount 25.00	
City Columbus	State OH	Zip Code 43219	Form(Cash, Check, etc) Cash				
Full Name of Contributor Kalah Leone Smith				Registration Number, if PAC			
Street Address 4123 Cambrom Drive	Employer/Occupation/Labor Organization* OSU		M 0	D 3	Y 28	Amount 40.00	
City Columbus	State OH	Zip Code 43219	Form(Cash, Check, etc) Cash				
Full Name of Contributor Mark Williams				Registration Number, if PAC			
Street Address 698 Cherry Hill Drive	Employer/Occupation/Labor Organization* Jefferson Water Sewer		M 0	D 3	Y 28	Amount 100.00	
City Pickerington	State OH	Zip Code 43147	Form(Cash, Check, etc) Cash				
Full Name of Contributor Yakira Moore				Registration Number, if PAC			
Street Address 882 Sterling Street South	Employer/Occupation/Labor Organization* Student - University of MN		M 0	D 3	Y 28	Amount 100.00	
City Maplewood	State MN	Zip Code 55119	Form(Cash, Check, etc) Cash				
Full Name of Contributor Jacqueline Johnson				Registration Number, if PAC			
Street Address 1330 Churchview Drive	Employer/Occupation/Labor Organization* Retired		M 0	D 3	Y 28	Amount 50.00	
City Pickerington	State OH	Zip Code 43147	Form(Cash, Check, etc) 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

Total expenditures this event

Page Total \$ 350.00