

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		MARCH MADNES	
Full Name of Contributor Ako Kambon		Registration Number, if PAC	
Street Address 63 N Ohio Avenue	Employer/Occupation/Labor Organization* Visionary Leaders Institute	M D Y 0 3 2 8 1 5	Amount 250.00
City Columbus	State Zip Code O H 43203	Form (Cash, Check, etc) Check	
Full Name of Contributor Julian Fortson, Jr.		Registration Number, if PAC	
Street Address 1869 Berkeley Road	Employer/Occupation/Labor Organization* Retired	M D Y 0 3 2 8 1 5	Amount 75.00
City Columbus	State Zip Code O H 43207	Form (Cash, Check, etc) Check	
Full Name of Contributor Danny Hairston Sr.		Registration Number, if PAC	
Street Address 3700 Florian Drive	Employer/Occupation/Labor Organization* Retired	M D Y 0 3 2 8 1 5	Amount 50.00
City Columbus	State Zip Code O H 43219	Form (Cash, Check, etc) Check	
Full Name of Contributor Tarik White		Registration Number, if PAC	
Street Address 6320 Peach Tree Road	Employer/Occupation/Labor Organization* Core Inspection	M D Y 0 3 2 8 1 5	Amount 50.00
City Columbus	State Zip Code O H 43213	Form (Cash, Check, etc) Check	
Full Name of Contributor Kathryn Rose		Registration Number, if PAC	
Street Address 1256 Roberts Place	Employer/Occupation/Labor Organization* Retired	M D Y 0 3 2 8 1 5	Amount 50.00
City Columbus	State Zip Code O H 43207	Form (Cash, Check, etc) Check	
Full Name of Contributor John Cleveland		Registration Number, if PAC	
Street Address 207 Balsam Drive	Employer/Occupation/Labor Organization* Self Employed/Cleveland	M D Y 0 3 2 8 1 5	Amount 25.00
City Columbus	State Zip Code O H 43147	Form (Cash, Check, etc) Check	
Full Name of Contributor Lloyd Dillard II		Registration Number, if PAC	
Street Address 3226 McCutcheon Place	Employer/Occupation/Labor Organization* 	M D Y 0 3 2 8 1 5	Amount 25.00
City Columbus	State Zip Code O H 43219	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 \$ 525.00