

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 Jeff Lewis				Registration Number, if PAC			
Street Address 553 Gayle Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	50.00
City Gahanna	State O	Zip Code 43230	Form (Cash, Check, etc) Cash				
Full Name of Contributor Cindy Lewis				Registration Number, if PAC			
Street Address 553 Gayle Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	50.00
City Columbus	State O	Zip Code 43230	Form (Cash, Check, etc) Cash				
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State O	Zip Code	Form (Cash, Check, etc)				
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State O	Zip Code	Form (Cash, Check, etc)				
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State O	Zip Code	Form (Cash, Check, etc)				
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State O	Zip Code	Form (Cash, Check, etc)				
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State O	Zip Code	Form (Cash, Check, etc)				

* 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

\$2,155.00

Total expenditures this event

Page Total \$ **100.00**