

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

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee to Elect James C. Ragland</b>						<b>GARRETT</b>	
Full Name of Contributor <b>Latischa Barrett</b>						Registration Number, if PAC	
Street Address <b>6136 Georges Pk Drive</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	40.00
City <b>Canal Winchester</b>		State <b>O   H</b>	Zip Code <b>43110</b>	Form(Cash,Check,etc) <b>Cash</b>			
Full Name of Contributor <b>Chantelle Patte</b>						Registration Number, if PAC	
Street Address <b>3000 East Main Street #134</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	40.00
City <b>Bexlev</b>		State <b>O   H</b>	Zip Code <b>43209</b>	Form(Cash,Check,etc) <b>Cash</b>			
Full Name of Contributor <b>Jody Bryant</b>						Registration Number, if PAC	
Street Address <b>7821 Bedford Avenue</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	50.00
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43205</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Christina Garrett</b>						Registration Number, if PAC	
Street Address <b>151 Mill Street #219</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	50.00
City <b>Gahanna</b>		State <b>O   H</b>	Zip Code <b>43230</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Bernadine Kent</b>						Registration Number, if PAC	
Street Address <b>3148 Oak Spring Street</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	50.00
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43219</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Contributions of \$25 or less</b>						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	45.00
City		State	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	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

275.00

Total expenditures this event

0.00

Page Total \$ 275.00