Event Date	03/20/201
Page	1

Statement of Contributions Received at a Social or Fundraising Event

	Prescrib	ed by Sec	cretary of State 3/05					
Name of Committee in Full								
Committee to Elect James C. Ragland				T				SUITES
Full Name of Contributor				Registra	tion Nun	iber, if Pa	AC	
Contributors of \$25 or less Street Address	Employe	-/Osous	ation (Labor Occasion) and	+,-	Тъ	ΤΥ	1	
Sect Address	Employer/Occupation/Labor Organization*		М 0 3	_		Amount	<i>7</i> 5.00	
City	-	ate	Zip Code		ash,Chec		•	75.00
	"		Lip coat	1 04.11.(0.	шинспес	A,010)		
Full Name of Contributor	1			Registra	tion Nur	ber, if P	AC	
Susan Cooper								
Street Address	Employer/Occupation/Labor Organization*			М	D	Y	Amount	
P. O. Box 771	Boo	Book Suites			2 0			50.00
City	S	ate	Zip Code	Form(C:	ash,Chec			
Columbus		H	43216		Cash			
Full Name of Contributor				Registra	tion Nur	iber, if Pa	AC	
Darlene Harp	le i			- 1		1 ,,		
Street Address			ation/Labor Organization*	M	D	Y	Amount	200.00
1199 College Avenue	-	ired ate	Zip Code		2 0 0 ash, Check			300.00
Columbus	1 ~ "	Н	43081		Chec			
Full Name of Contributor	T O	! 11	1 45001		tion Nur		AC.	
Judythe Dodson								
Street Address	Employer/Occupation/Labor Organization*			М	D	Y	Amount	
5362 Park Lane Drive			013	210	115		125.00	
City	St	ate	Zip Code		ash Chec			_
Columbus		H	43231		Chec	k		
Full Name of Contributor				Registra	tion Nut	ber, if P	AC	
Nana Watson								
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount	
1404 Kenwick Road				0 3		1 5		100.00
City Columbia	St	ate i тт	Zip Code		ash,Checl			
Columbus Full Name of Contributor	1 ()	H	43209	_	Chec			
I in Name of Conflictuoi				Kekisua	TION LACT	ioei, u rz	ic .	
Street Address		Employer/Occupation/Labor Organization*				Y	Amount	
					1	ļ		
City	St	ate	Zip Code	Form(Ca	ash,Chec	k,etc)		
		1						
Full Name of Contributor				Registra	tion Nur	iber, if Pa	AC	
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount	
a:	 		In: o :	 r /~				
City	St	ate I	Zip Code	Form(Ca	ash Checl	k,etc)		
	1	l						
equired for contributions from individuals over \$100 to statewide and gene	ral assemb	ly candid	ates. If contributor is self-empl	oyed, the oc	cupation	and the t	same of the	

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 \$ 650,00
650.00		

[•] 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)]