

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				Registration Number, if PAC			
Committee to Elect James C. Ragland				BOOK SUITES			
Full Name of Contributor				Registration Number, if PAC			
Contributors of \$25 or less							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
			0	3	2	1	75.00
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name of Contributor				Registration Number, if PAC			
Susan Cooper							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
P. O. Box 771	Book Suites		0	3	2	1	50.00
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	OH	43216	Cash				
Full Name of Contributor				Registration Number, if PAC			
Darlene Harp							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
1199 College Avenue	Retired		0	3	2	1	300.00
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	OH	43081	Check				
Full Name of Contributor				Registration Number, if PAC			
Judvthe Dodson							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
5362 Park Lane Drive			0	3	2	1	125.00
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	OH	43231	Check				
Full Name of Contributor				Registration Number, if PAC			
Nana Watson							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
1404 Kenwick Road			0	3	2	1	100.00
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	OH	43209	Check				
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)				
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

650.00

Total expenditures this event

Page Total \$ 650.00