Event Date	03/16/15
Page	1

Statement of Contributions Received at a Social or Fundraising Event

Name of Committee in Full								
Committee to Elect James C. Ragland								ARPER
Full Name of Contributor				Registration Number, if PAC				
Kim Gentry Westbrook				<u> </u>				
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount		
264 N. Eureka	Byron L. Potts Law Firm		0 3	1 6	1 5		100.00	
City	Stat	¢	Zip Code	Form(C	ash,Checl	c,etc)		
Columbus ·		Н	43204	L	Cash	ı		
Full Name of Contributor				Registra	ttion Num	ber, if PA	'C	
Portia Neely Lipkin								
Street Address	Employer/Occupation/Labor Organization*			М	D	Y	Amount	
206 Briarwood Court	IPM	IPMorganChase		013	116	1 5		50.00
City	Stat	State Zip Code		Form(Cash,Check,etc)				
Westerville	101	Н	43081	1	Chec	k		
Full Name of Contributor	 		<u> </u>		tion Num		.C	
Benita Wright Smith								
Street Address	Employer/	Оссира	tion/Labor Organization*	М	D	Y	Amount	
1124 Lawrence	CPS			013	116	115	İ	20.00
City	Stat	e	Zip Code		ash,Check			_0.00
Columbus		Н		,	Cash	1		
Full Name of Contributor	<u> </u>			Registra	tion Num		C	
Galen Robinson						Ź		
Street Address	Employer	Оссира	tion/Labor Organization*	М	D	Y	Amount	
5494 York County Road	State		_	กไร	1 6			50.00
City	Stat		Zip Code		ash,Check			30.00
Columbus		Н	43221		Cash			
Full Name of Contributor	1 () .		10221	Registra	tion Num		.C	
Vernell Bristow						,	_	
Street Address	Employer/	Оссива	tion/Labor Organization*	М	D	Y	Amount	
1724 Richmond Ave Apt 6	1 '		0		1 6			25.00
City	Stat	<u> </u>	Zip Code		ash,Check			25.00
Columbus		Н	43203		Cash			
Full Name of Contributor	<u> </u>	11	45205	Registra	tion Num		C	_
Deborah R. Pickens				1.48.5				
Street Address	Employeri	Occupa	tion/Labor Organization*	М	D	ΙΥ	Amount	
6831 Scioto Chase Boulevard	Eaton			116	1 5		1,000.00	
City	Stat		Zip Code		ash,Check			1,000.00
Powell	l _ 1	Н	43065					
Full Name of Contributor	IOIH 43065		Check Registration Number, if PAC					
Alethea Gaddis				registra	TION COME	<i>(</i> (1, 4 1 A		
Street Address	Employae	Occupa	tion (Labor Deponiention)	М	D	ΙΥ	Amount	
	Employer/Occupation/Labor Organization* Gaddis4Kids/Executive Di						25.00	
5662 Heather Road	Gaddis4Kids/Executive Di		1 0 3 1 6 1 5 Form(Cash,Check,etc)				25.00	
Columbus	I 7		Check					
Columbus	$\perp \bigcirc \perp$	П	43230		CHEC	٨		

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 \$ 1.270.00

^{*} 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)]