

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					ANDERSON				
Full Name of Contributor Patricia Jones					Registration Number, if PAC				
Street Address 3151 Crossgate Road		Employer/Occupation/Labor Organization*			M	D	Y	Amount	
					0	4	1	7	15
City Columbus		State O H	Zip Code 43232		Form(Cash,Check,etc) Check				
Full Name of Contributor Kim Rachal					Registration Number, if PAC				
Street Address 1348 Havbrook Drive		Employer/Occupation/Labor Organization*			M	D	Y	Amount	
					0	4	1	7	15
City Gahanna		State O H	Zip Code 43230		Form(Cash,Check,etc) Check				
Full Name of Contributor Contributions of \$25 or less					Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization*			M	D	Y	Amount	
					0	4	1	7	15
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)				
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)				
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

100.00

Total expenditures this event

0.00

Page Total \$ 100.00