Event Date	3/20/2015
Page	1

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

	Frescribed by Se	cretary of State 3/03					
Name of Committee in Full	1						
Committee to Elect James C. Ragland	1		1				PLA
Full Name of Contributor				Registration Number, if PAC			
Contributors of \$25 or less	· · · · · · · · · · · · · · · · · · ·						
Street Address	Employer/Occup	pation/Labor Organization*	M	D	Y	Amount	
L			013	210	15		100.00
City	State	Zip Code		sh,Check			
-				Checl	k		
Full Name of Contributor		• •	Registra	tion Num	ber, if PA	ıC	
Contributors of \$25 or less			1				
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D	Y	Amount	 -
				210	115		80.00
City	State	Zip Code		sh Check			00.00
	1		Cash				
Full Name of Contributor	1 1		Registra	tion Num		i.C	
Robert Carv			I Negasuu	200 1.422	oci, a i i		
Street Address	IEmployer/Occur	pation/Labor Organization*	M	Ð	Y	Amount	
							100.00
847 Ludwig Drive	_	vide / Marketing		2 0			100.00
City	State	Zip Code		ash,Check			
Gahanna	<u> </u>	43230		Chec			
Full Name of Contributor			Registra	tion Num	ber, if PA	ıC	
Demetrius Al-lateef	,		M				
Street Address	1	Employer/Occupation/Labor Organization*		D.	Y	Amount	
2995 Blakehope Street	State of	State of Ohio		210			70.00
City	State	Zip Code	Form(Ca	sh Check			
Columbus	$O \mid H$	43219	<u> </u>	Cash	l		
Full Name of Contributor			Registra	tion Num	ber, if PA	'C	
Ojala Mwalimu			1				
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D	Y	Amount	
890 McAllister	Cristo R	Cristo Ray Columbus		210	115		40.00
City	State	Zip Code		sh,Check			
Columbus	OH	43205		Cash	1		
Full Name of Contributor	. 1 (/ 1,	10-44	Registra	tion Num		VC	
Charleta Tavares			-				
Street Address	Employer/Occur	oation/Labor Organization*	M	D	Y	Amount	
	1	State Representative		0 1	_		150.00
1237 Medford Road	State	Zip Code		ash,Check			150.00
City	I .	1 '	1 '				
Columbus	OIH	43209		Chec			
Full Name of Contributor			Registra	tion Num	ber, ii F	ic	
Angela Cornelius Dawson			 	T -=-	1	г.	
Street Address		pation/Labor Organization*	M	D	Y	Amount	100.00
4-00 D (111D)				1 2 1 11	1115		100.00
1783 Penfield Road	+	ssion on Mental He				<u> </u>	100.00
1783 Penfield Road City Columbus	Commis State	Zip Code 43227	Form(C	sh,Check Check	c,etc)		100.00

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 \$ 640.00
640.00	0.00	<u> </u>

^{*} 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)]