

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee to Elect James C. Ragland</b>					PLA	
Full Name of Contributor <b>Contributors of \$25 or less</b>				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	3	2015	100.00
City	State	Zip Code	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Contributors of \$25 or less</b>				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	3	2015	80.00
City	State	Zip Code	Form(Cash,Check,etc) <b>Cash</b>			
Full Name of Contributor <b>Robert Cary</b>				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
<b>847 Ludwig Drive</b>	<b>Nationwide / Marketing</b>		0	3	2015	100.00
City	State	Zip Code	Form(Cash,Check,etc) <b>Check</b>			
<b>Gahanna</b>	<b>O   H</b>	<b>43230</b>				
Full Name of Contributor <b>Demetrius Al-lateef</b>				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
<b>2995 Blakehope Street</b>	<b>State of Ohio</b>		0	3	2015	70.00
City	State	Zip Code	Form(Cash,Check,etc) <b>Cash</b>			
<b>Columbus</b>	<b>O   H</b>	<b>43219</b>				
Full Name of Contributor <b>Ojala Mwalimu</b>				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
<b>890 McAllister</b>	<b>Cristo Ray Columbus</b>		0	3	2015	40.00
City	State	Zip Code	Form(Cash,Check,etc) <b>Cash</b>			
<b>Columbus</b>	<b>O   H</b>	<b>43205</b>				
Full Name of Contributor <b>Charleta Tavares</b>				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
<b>1237 Medford Road</b>	<b>State Representative</b>		0	4	0115	150.00
City	State	Zip Code	Form(Cash,Check,etc) <b>Check</b>			
<b>Columbus</b>	<b>O   H</b>	<b>43209</b>				
Full Name of Contributor <b>Angela Cornelius Dawson</b>				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
<b>1783 Penfield Road</b>	<b>Commission on Mental Health</b>		0	3	2015	100.00
City	State	Zip Code	Form(Cash,Check,etc) <b>Check</b>			
<b>Columbus</b>	<b>O   H</b>	<b>43227</b>				

\* 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

640.00

Total expenditures this event

0.00

Page Total \$ 640.00