

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				FIGHT PART			
Committee to Elect James C. Ragland							
Full Name of Contributor				Registration Number, if PAC			
Juanita Marbury							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
18801 Naumann Avenue	Self Employed	0	5	0	2	15	
City	State	Zip Code		Form(Cash,Check,etc)			
Euclid	O   H	44119		Cash			
Full Name of Contributor				Registration Number, if PAC			
Rvan Johnson							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
2651 Lindora Place		0	5	0	2	15	
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	O   H	43232		Cash			
Full Name of Contributor				Registration Number, if PAC			
Gregory Lee							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
		0	5	0	2	15	
City	State	Zip Code		Form(Cash,Check,etc)			
				Cash			
Full Name of Contributor				Registration Number, if PAC			
Regina R. Harper							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
3370 McCutcheon Crossing Drive		0	5	0	2	15	
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	O   H	43219		Check			
Full Name of Contributor				Registration Number, if PAC			
Kimberleigh Hughes Turner							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
405 River Road		0	5	0	2	15	
City	State	Zip Code		Form(Cash,Check,etc)			
Wilmington	D   E	19809		Check			
Full Name of Contributor				Registration Number, if PAC			
Dorothy Rhynehardt							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
164 Whitethorne Avenue		0	5	0	2	15	
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	O   H	43223		Check			
Full Name of Contributor				Registration Number, if PAC			
Deborah R. Pickens							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
6831 Scioto Chase Boulevard		0	5	0	2	15	
City	State	Zip Code		Form(Cash,Check,etc)			
Powell	O   H	43065		Check			

\* 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

450.00

Total expenditures this event

0.00

Page Total \$ 450.00