

## 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>							
Full Name of Contributor <b>Libby Gierach</b>						Registration Number, if PAC	
Street Address <b>3585 Skipstone Place</b>		Employer/Occupation/Labor Organization* <b>Hilliard Chamber/President</b>		M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>50.00</b>
City <b>Columbus</b>		State <b>O</b>	H <b>H</b>	Zip Code <b>43221</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Wendell Scott</b>						Registration Number, if PAC	
Street Address <b>2546 Sonata Drive</b>		Employer/Occupation/Labor Organization* <b>Retired</b>		M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>50.00</b>
City <b>Columbus</b>		State <b>O</b>	H <b>H</b>	Zip Code <b>43209</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>New Visions Group LLC (Ed Hogan - 100%)</b>						Registration Number, if PAC	
Street Address <b>33 North Third Street, Suite 400</b>		Employer/Occupation/Labor Organization* <b>Self Employed</b>		M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>250.00</b>
City <b>Columbus</b>		State <b>O</b>	H <b>H</b>	Zip Code <b>43215</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Michael Aaron</b>						Registration Number, if PAC	
Street Address <b>1118 Lilley Avenue</b>		Employer/Occupation/Labor Organization* <b>Cohesion Tech/IT Admin</b>		M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>30.00</b>
City <b>Columbus</b>		State <b>O</b>	H <b>H</b>	Zip Code <b>43206</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	H	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	H	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	H	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

Total expenditures this event

Page Total \$ **380.00**