

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				
Full Name of Contributor Contributions Received \$25 or Less			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
		0	9	2
City	State	Zip Code	Form(Cash,Check,etc)	Amount
			Check	65.00
Full Name of Contributor Contributions Received \$25 or Less			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
		0	9	2
City	State	Zip Code	Form(Cash,Check,etc)	Amount
			Cash	20.00
Full Name of Contributor Bryce Kurfees (100%) - (Kurfees Capital Management LLC)			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
1720 Zollinger Road, Suite 203	Self Employed/Consultant	0	9	2
City	State	Zip Code	Form(Cash,Check,etc)	Amount
Columbus	OH	43221	Check	50.00
Full Name of Contributor Lisa Newkirk			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
62 E Northwood Avenue	Unemployed	0	9	2
City	State	Zip Code	Form(Cash,Check,etc)	Amount
Columbus	OH	43201	Check	100.00
Full Name of Contributor Tamara Staley			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
5597 Buxley Drive		0	9	2
City	State	Zip Code	Form(Cash,Check,etc)	Amount
Westerville	OH	43081	Check	50.00
Full Name of Contributor Deborah R. Pickens			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
6831 Scioto Chase Boulevard	Eaton/Purchasing Exec	0	9	2
City	State	Zip Code	Form(Cash,Check,etc)	Amount
Powell	OH	43065	Check	250.00
Full Name of Contributor Tracie Martin			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
1411 Fairwood Avenue	JPMorgan Chase/Specialist	0	9	2
City	State	Zip Code	Form(Cash,Check,etc)	Amount
Columbus	OH	43206	Check	50.00

* 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 \$ **585.00**