31-E R.C. 3517.10(B)

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Event Date	10/15/11
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Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Secre	tary of State 3/05			
Name of Committee in Full					
Committee to Elect James C. Rag	land				
Full Name of Contributor			Registration Number, if PAC		
Dorothy W. Rhynehardt		<u> </u>	<u> </u>		
Street Address	·	on/Labor Organization*	M D Y Amount		
164 Whitethorne Avenue	Retired		1 0 1 5 1 1	25. <u>0</u> 0	
City		Zip Code	Form(Cash,Check,etc)		
Columbus	OH	43223	Cash		
Full Name of Contributor			Registration Number, if PAC	·	
Imogene Ragland					
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	_	
1852 Tamerack Circle N	Retired		1 0 1 5 1 1	20.00	
City		Zip Code	Form(Cash,Check,ctc)		
Columbus	O H	43229	Cash		
Full Name of Contributor			Registration Number, if PAC		
James E. Rhynehardt					
Street Address		ion/Labor Organization*	M D Y Amount		
164 Whitethorne Avenue	Retired		1 0 1 5 1 1	25.00	
City		Zip Code	Form(Cash,Check.etc)		
Columbus	<u>0 H</u>	43223	Cash		
Full Name of Contributor			Registration Number, if PAC		
Kenneth Rhynehardt					
Street Address	, · · · · ·	ion/Labor Organization*	M D Y Amount		
529 Larcomb Avenue	Kroger/E		1 0 1 5 1 1	20.00	
City		Zip Code	Form(Cash,Check,etc)		
Columbus	O H	43223	Cash		
Full Name of Contributor			Registration Number, if PAC		
Stanley Gates					
Street Address	I ' '	ion/Labor Organization*	M D Y Amount	57 00	
75 Powhatan Avenue	Security (1 0 1 5 1 1	25.0 <u>0</u>	
City		Zip Code	Form(Cash,Check,etc)		
Columbus	<u>O</u> H	43204	Cash		
Full Name of Contributor			Registration Number, if PAC		
Steve Ragland					
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	20.00	
983 Sunbury Road	Retired		1 0 1 5 1 2	20.00	
City		Zip Code	Form(Cash,Check,etc)		
Columbus	<u>0 H </u>	43219	Cash		
Full Name of Contributor			Registration Number, if PAC		
Timothy Ragland	In1				
Street Address		ion/Labor Organization*	M D Y Amount	10.00	
3631 Florian Drive	Retired	7. 6.1	1 0 1 5 1 1	10.00	
City	1 1 77 3	Zip Code	Form(Cash,Check,etc)		
Columbus	O H	43219	Cash		

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 \$	145 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)]