31-E
R.C. 3517.10(B)

Event Date 04/17/2015
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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							MILLER
Full Name of Contributor				Registration Number, if PAC			
Kanu Kay Onwuke							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
4011 Maidstone Drive				04	17	15	50.00
City	State	Zip Code		Form(Cash,Check,etc)			
Gahanna	OH	43230		Check			
Full Name of Contributor				Registration Number, if PAC			
Charleta B. Tavares							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
1237 Medford Road	State Representative			04	17	15	100.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	OH	43209		Check			
Full Name of Contributor				Registration Number, if PAC			
Ginger Cunningham							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
1111 Pierce Avenue				04	17	15	25.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	OH	43227		Check			
Full Name of Contributor				Registration Number, if PAC			
Ashiko Hudson							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
1903 Kirkbridge Court	Legal Investigator			04	17	15	60.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	OH	43227		Cash			
Full Name of Contributor				Registration Number, if PAC			
Johnny Sindfeld							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
2662 Cannon Point Court, Apt 2c	Case Manager - FCJFS			04	17	15	25.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	OH	43229		Cash			
Full Name of Contributor				Registration Number, if PAC			
Toni R. Marshall							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
5916 Mist Flower Lane				04	18	15	500.00
City	State	Zip Code		Form(Cash,Check,etc)			
Westerville	OH	43082		Check			
Full Name of Contributor				Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
City	State	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: 760.00

Total expenditures this event: 0.00

Page Total $ 760.00