

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				FITRAKAS			
Full Name of Contributor				Registration Number, if PAC			
Committee to Elect James C. Ragland							
Contributors of \$25 or less							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
				0	4	11	192.00
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name of Contributor				Registration Number, if PAC			
Lynn Friedman							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
2971 White Bark Place				0	4	11	100.00
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	OH	43221	Check				
Full Name of Contributor				Registration Number, if PAC			
Robert Fittrakis							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
1021 East Broad Street	Community College Profess			0	4	11	100.00
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	OH	43205	Check				
Full Name of Contributor				Registration Number, if PAC			
Connie Hammond							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
166 Acton Road	Retired			0	4	11	50.00
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	OH	43214	Check				
Full Name of Contributor				Registration Number, if PAC			
Charles Lynd							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
1401 Curve Road	Retired			0	4	11	150.00
City	State	Zip Code	Form(Cash,Check,etc)				
Delaware	OH	43015	Check				
Full Name of Contributor				Registration Number, if PAC			
Suzanne Patzer							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
1021 East Broad Street	Attorney			0	4	11	100.00
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	OH	43205	Check				
Full Name of Contributor				Registration Number, if PAC			
Steven Palm-Houser							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
230 E. Pacemont Road	Self-Employed / Tech Writ			0	4	11	100.00
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	OH	43202	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

792.00

Total expenditures this event

Page Total \$ 792.00