

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 Andrew Reyes						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*			M	D	Y	Amount
						1	0	0	25.00
City Columbus			State O H		Zip Code	Form(Cash, Check, etc) Cash			
Full Name of Contributor Terrie Ragland						Registration Number, if PAC			
Street Address 3784 Conway Drive			Employer/Occupation/Labor Organization*			M	D	Y	Amount
						1	0	0	20.00
City Columbus			State O H		Zip Code 43227	Form(Cash, Check, etc) Cash			
Full Name of Contributor Dennis Motor						Registration Number, if PAC			
Street Address 423 S. Oakley Avenue			Employer/Occupation/Labor Organization*			M	D	Y	Amount
						1	0	0	25.00
City Columbus			State O H		Zip Code 43204	Form(Cash, Check, etc) Cash			
Full Name of Contributor Trene Pruitt						Registration Number, if PAC			
Street Address 3626 Parker Knoll Lane			Employer/Occupation/Labor Organization*			M	D	Y	Amount
						1	0	0	25.00
City Columbus			State O H		Zip Code 43219	Form(Cash, Check, etc) Cash			
Full Name of Contributor Leonard Campbell						Registration Number, if PAC			
Street Address 1367 Sandrell			Employer/Occupation/Labor Organization*			M	D	Y	Amount
						1	0	0	25.00
City Columbus			State O H		Zip Code 43228	Form(Cash, Check, etc) Cash			
Full Name of Contributor Regina Underdown						Registration Number, if PAC			
Street Address 686 S. Linwood Avenue			Employer/Occupation/Labor Organization*			M	D	Y	Amount
						1	0	0	25.00
City Columbus			State O H		Zip Code 43205	Form(Cash, Check, etc) Cash			
Full Name of Contributor Melvin Ross						Registration Number, if PAC			
Street Address 2485 Lipton Road			Employer/Occupation/Labor Organization*			M	D	Y	Amount
						1	0	0	25.00
City Columbus			State O H		Zip Code 43232	Form(Cash, Check, etc) Cash			

* 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

\$195.00

Total expenditures this event

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Page Total \$ 170.00