

# Statement of Contributions Received

  

## at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee to Elect James C. Ragland</b>				<b>HARPER</b>			
Full Name of Contributor <b>Karen Gartside</b>				Registration Number, if PAC			
Street Address <b>136 E. Sheridan Place</b>	Employer/Occupation/Labor Organization* <b>Self-Employed/Leadership</b>		M <b>0</b>	D <b>3</b>	Y <b>1</b>	Amount <b>50.00</b>	
City <b>Lake Bluff</b>	State <b>I</b>	Zip Code <b>L 60044</b>	Form(Cash, Check, etc) <b>Credit</b>				
Full Name of Contributor <b>Julian Harper</b>				Registration Number, if PAC			
Street Address <b>3370 McCutcheon Crossing Drive</b>	Employer/Occupation/Labor Organization* <b>GordonFlesh</b>		M <b>0</b>	D <b>3</b>	Y <b>1</b>	Amount <b>30.00</b>	
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>H 43219</b>	Form(Cash, Check, etc) <b>Credit</b>				
Full Name of Contributor <b>James Lifter</b>				Registration Number, if PAC			
Street Address <b>2907 Gablewood Drive</b>	Employer/Occupation/Labor Organization* <b>IARFC</b>		M <b>0</b>	D <b>3</b>	Y <b>1</b>	Amount <b>100.00</b>	
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>H 43219</b>	Form(Cash, Check, etc) <b>Credit</b>				
Full Name of Contributor <b>Sandra Ragland</b>				Registration Number, if PAC			
Street Address <b>3631 Florian Drive</b>	Employer/Occupation/Labor Organization* <b>Retired</b>		M <b>0</b>	D <b>3</b>	Y <b>1</b>	Amount <b>50.00</b>	
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>H 43219</b>	Form(Cash, Check, etc) <b>Credit</b>				
Full Name of Contributor <b>Pearle Glasco</b>				Registration Number, if PAC			
Street Address <b>451 Blossom Tree Road</b>	Employer/Occupation/Labor Organization* <b>Defense Intelligence Agenc</b>		M <b>0</b>	D <b>3</b>	Y <b>1</b>	Amount <b>100.00</b>	
City <b>Culpepper</b>	State <b>V</b>	Zip Code <b>A 22701</b>	Form(Cash, Check, etc) <b>Credit</b>				
Full Name of Contributor <b>Sierra Austin</b>				Registration Number, if PAC			
Street Address <b>554 Townsend Avenue</b>	Employer/Occupation/Labor Organization* <b>YWCA</b>		M <b>0</b>	D <b>3</b>	Y <b>1</b>	Amount <b>50.00</b>	
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>H 43223</b>	Form(Cash, Check, etc) <b>Credit</b>				
Full Name of Contributor <b>Imogene Ragland</b>				Registration Number, if PAC			
Street Address <b>1852 Tamrack Circle North</b>	Employer/Occupation/Labor Organization* <b>Retired</b>		M <b>0</b>	D <b>3</b>	Y <b>1</b>	Amount <b>25.00</b>	
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>H 43229</b>	Form(Cash, Check, etc) <b>Credit</b>				

\* 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 \$ 405.00