

# 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>POTTS</b>			
Full Name of Contributor <b>Byron L. Potts</b>				Registration Number, if PAC			
Street Address <b>5770 Middleby Drive</b>		Employer/Occupation/Labor Organization* <b>Self Employed Attorney</b>		M <b>0</b>	D <b>4</b>	Y <b>01</b>	Amount <b>300.00</b>
City <b>Hilliard</b>		State <b>O   H</b>	Zip Code <b>43026</b>	Form(Cash,Check,etc) <b>Cash</b>			
Full Name of Contributor <b>Ralph Wood</b>				Registration Number, if PAC			
Street Address <b>1416 Beetree Street</b>		Employer/Occupation/Labor Organization* <b>Retired</b>		M <b>0</b>	D <b>4</b>	Y <b>01</b>	Amount <b>50.00</b>
City <b>Galloway</b>		State <b>O   H</b>	Zip Code <b>43119</b>	Form(Cash,Check,etc) <b>Cash</b>			
Full Name of Contributor <b>Marsha Wood</b>				Registration Number, if PAC			
Street Address <b>1416 Beetree Street</b>		Employer/Occupation/Labor Organization* <b>Oakley Baptist</b>		M <b>0</b>	D <b>4</b>	Y <b>01</b>	Amount <b>50.00</b>
City <b>Galloway</b>		State <b>O   H</b>	Zip Code <b>43119</b>	Form(Cash,Check,etc) <b>Cash</b>			
Full Name of Contributor <b>Dennis Moton</b>				Registration Number, if PAC			
Street Address <b>423 S. Oakley</b>		Employer/Occupation/Labor Organization* <b>Robert Half</b>		M <b>0</b>	D <b>4</b>	Y <b>01</b>	Amount <b>50.00</b>
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43204</b>	Form(Cash,Check,etc) <b>Cash</b>			
Full Name of Contributor <b>Nate Saxon</b>				Registration Number, if PAC			
Street Address <b>6035 Sanabelt Drive</b>		Employer/Occupation/Labor Organization* <b>Retired</b>		M <b>0</b>	D <b>4</b>	Y <b>01</b>	Amount <b>30.00</b>
City <b>Lewis Center</b>		State <b>O   H</b>	Zip Code <b>43035</b>	Form(Cash,Check,etc) <b>Cash</b>			
Full Name of Contributor <b>Aldophus Jeter</b>				Registration Number, if PAC			
Street Address <b>1635 Coburg Road</b>		Employer/Occupation/Labor Organization* <b>Retired</b>		M <b>0</b>	D <b>4</b>	Y <b>01</b>	Amount <b>50.00</b>
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43227</b>	Form(Cash,Check,etc) <b>Cash</b>			
Full Name of Contributor <b>Constance Mallory</b>				Registration Number, if PAC			
Street Address <b>509 Johnson Street</b>		Employer/Occupation/Labor Organization* <b>Retired</b>		M <b>0</b>	D <b>4</b>	Y <b>01</b>	Amount <b>50.00</b>
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43203</b>	Form(Cash,Check,etc) <b>Cash</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 \$ 580.00