

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				POTTS			
Full Name of Contributor Anthony Underdown				Registration Number, if PAC			
Street Address 2175 Easthaven Drive	Employer/Occupation/Labor Organization*			M 0	D 4	Y 0	Amount 50.00
City Columbus	State O	H H	Zip Code 43232	Form(Cash,Check,etc) Cash			
Full Name of Contributor Patricia Allen				Registration Number, if PAC			
Street Address 1400 Hafton Woods Drive	Employer/Occupation/Labor Organization*			M 0	D 4	Y 0	Amount 50.00
City Columbus	State O	H H	Zip Code 43204	Form(Cash,Check,etc) Cash			
Full Name of Contributor Mary Hall				Registration Number, if PAC			
Street Address 1072 Leclerc Place	Employer/Occupation/Labor Organization* DFAS			M 0	D 4	Y 0	Amount 150.00
City Galloway	State O	H H	Zip Code 43119	Form(Cash,Check,etc) Check			
Full Name of Contributor Dollene Scott				Registration Number, if PAC			
Street Address 330 Clarendon Avenue	Employer/Occupation/Labor Organization* Retired			M 0	D 4	Y 0	Amount 25.00
City Columbus	State O	H H	Zip Code 43223	Form(Cash,Check,etc) Check			
Full Name of Contributor				Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*			M 	D 	Y 	Amount
City	State 	H 	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*			M 	D 	Y 	Amount
City	State 	H 	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*			M 	D 	Y 	Amount
City	State 	H 	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

2,275.00

Total expenditures this event

0.00

Page Total \$ **275.00**