

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 D Y	Amount
City Columbus	State O H	Zip Code 43232	0 4 0 1 1 5	50.00
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 D Y	Amount
City Columbus	State O H	Zip Code 43204	0 4 0 1 1 5	50.00
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 D Y	Amount
City Galloway	State O H	Zip Code 43119	0 4 0 1 1 5	150.00
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 D Y	Amount
City Columbus	State O H	Zip Code 43223	0 4 0 3 1 5	25.00
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	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	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	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**