Event Date	4/18/15
Page	1

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by S	Secretary of State 3/05					
Name of Committee in Full Committee to Floot In man C. Packand		•				<u></u>	
Committee to Elect James C. Ragland			Registra	tion Nun	nber, if PA	ıC	
Chief Shongo Obadina		Registration Number, if PAC					
Street Address	Employer/Occi	М	D	Y	Amount		
1270 Bryden Road				118	1 5		100.00
City	State	Zip Code	i '	ash,Chec	•		
Columbus	OIH	43205	_	Chec			
Full Name of Contributor	-		Registra	tion Nun	nber, if PA	C.	
Chief Shongo Obadina Street Address	Employer(Occ	Ir-time			Τv	14	
1270 Bryden Road	Employer/Occi	Employer/Occupation/Labor Organization*			1 5	Amount	80.00
City	State	Zip Code	0 4	ash,Chec			00.00
Columbus	O H	1 ⁻		Casl			
Full Name of Contributor	_1.0 1	10200	Registration Number, if PAC				
							•
Street Address	Employer/Occt	ipation/Labor Organization*	М	D	Y	Amount	
City	State	Zip Code	Form(Ca	ash,Chec	k,etc)		
	<u> </u>						
Full Name of Contributor			Registra	tion Nun	aber, if PA	ıC	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			Y	Amount	
City	State	Zip Code	Form(Ca	ash,Chec	k,etc)		
Full Name of Contributor	'		Registra	tion Nun	ber, if PA	vC.	
Street Address	FmaloveriOcci	Employer/Occupation/Labor Organization*			Y	Amount	
Succi ribuics	Lampioyerrocci	Employer/Occupation/Cason Organization		D		7 tinoum	
City	State	Zip Code	Form(Ca	ash,Chec	k,etc)		
•	1						
Full Name of Contributor			Registra	tion Nun	iber, if PA	ıC	
Address Employer/Occupation/Labor Organization*			М	D	Y	Amount	
Succe Address	Limpioyerrocci	"		1	1		
City	State	Zip Code	Form(Ca	ash,Chec	k,etc)		
,							
Full Name of Contributor		•	Registra	tion Nun	ber, if PA	ıC	
Street Address	Employer/Occ	pation/Labor Organization*	M	D	Y	Amount	
2016et Virties2	EmployenOcco	spandil/12800r Organization	'*'	Ιï	Ι'n	Amoun	
City	State	Zip Code	Form(Ca	ash,Chec	k,etc)		
		'	ì		,		
	<u> </u>						
equired for contributions from individuals over \$100 to statewide and ger	neral assembly cano	fidates. If contributor is self-emp	ployed, the oc	cupation	and the n	ame of the	
vidual's business, if any, rather than employer should be listed. If two or		ntribute via payroll deduction a	nd exceed the	aggrega:	te of \$100	, the labor	
mization 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 \$ 180.00
180,00	0.00	L,

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