

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				BLUE MONDAY			
Full Name of Contributor Deidra Brown Reese				Registration Number, if PAC			
Street Address 6314 Downwing Lane		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	09	20.00
City Gahanna	State O	H	Zip Code 43230	Form(Cash,Check,etc) Cash			
Full Name of Contributor Erica Farland				Registration Number, if PAC			
Street Address 194 Hamilton Avenue		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		Franklin County		0	3	09	25.00
City Columbus	State O	H	Zip Code 43203	Form(Cash,Check,etc) Cash			
Full Name of Contributor Cindy Anderson				Registration Number, if PAC			
Street Address 5330 Cherry Creek Parkway N.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		Sedgewick		0	3	09	10.00
City Columbus	State O	H	Zip Code 43228	Form(Cash,Check,etc) Cash			
Full Name of Contributor Pam Flowers				Registration Number, if PAC			
Street Address 1158 Onslow Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		Everest College		0	3	09	25.00
City Columbus	State O	H	Zip Code 43223	Form(Cash,Check,etc) Cash			
Full Name of Contributor Joshua Davis				Registration Number, if PAC			
Street Address 5595 Bayridge Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		Huntington National Bank		0	3	09	10.00
City Hilliard	State O	H	Zip Code 43026	Form(Cash,Check,etc) Cash			
Full Name of Contributor Twanna Goodine				Registration Number, if PAC			
Street Address 1840 Woodette Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		State of Ohio		0	3	09	20.00
City Columbus	State O	H	Zip Code 43232	Form(Cash,Check,etc) Cash			
Full Name of Contributor Anthony Underdown				Registration Number, if PAC			
Street Address 2175 Easthaven Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	09	30.00
City Columbus	State O	H	Zip Code 43232	Form(Cash,Check,etc) Cash			

* 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 \$ 140.00