

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 Kevin D. Bolding				Registration Number, if PAC			
Street Address 3965 Rio Grande Avenue		Employer/Occupation/Labor Organization* Self-Employed		M 0	D 3	Y 09	Amount 200.00
City Groveport		State O H	Zip Code 43125	Form(Cash,Check,etc) Check			
Full Name of Contributor Timothy & Sandra Ragland				Registration Number, if PAC			
Street Address 3631 Florian Drive		Employer/Occupation/Labor Organization* Retired		M 0	D 3	Y 09	Amount 100.00
City Columbus		State O H	Zip Code 43219	Form(Cash,Check,etc) Check			
Full Name of Contributor Susan Cooper				Registration Number, if PAC			
Street Address P. O. Box 771		Employer/Occupation/Labor Organization* Retired		M 0	D 3	Y 09	Amount 100.00
City Columbus		State O H	Zip Code 43216	Form(Cash,Check,etc) Check			
Full Name of Contributor Kristie M. Marshall				Registration Number, if PAC			
Street Address 3081 Scottwood Road		Employer/Occupation/Labor Organization* The Breathing Association		M 0	D 3	Y 09	Amount 25.00
City Columbus		State O H	Zip Code 43227	Form(Cash,Check,etc) Check			
Full Name of Contributor Monique Underdown				Registration Number, if PAC			
Street Address 2175 Easthaven Drive		Employer/Occupation/Labor Organization* WesBanco Bank		M 0	D 3	Y 09	Amount 38.00
City Columbus		State O H	Zip Code 43232	Form(Cash,Check,etc) Check			
Full Name of Contributor Llyod Dillard				Registration Number, if PAC			
Street Address 3226 McCutcheon Place		Employer/Occupation/Labor Organization*		M 0	D 3	Y 09	Amount 50.00
City Columbus		State O H	Zip Code 43219	Form(Cash,Check,etc) Check			
Full Name of Contributor Ceola Garrett				Registration Number, if PAC			
Street Address 205 Woodland Avenue		Employer/Occupation/Labor Organization* Self-Employed		M 0	D 3	Y 09	Amount 25.00
City Columbus		State O H	Zip Code 43203	Form(Cash,Check,etc) Check			

* 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 \$ 538.00