Event Date	03/09/15
Page	1

Statement of Contributions Received at a Social or Fundraising Event

Committee to Elect James C. Ragland		Prescribed	i by Sec	retary of State 3/05				_		
Full Name of Coernbator Kevin D. Bolding Employer/Occupation/Labor Organization M	Name of Committee in Full									
Suret Address Suret Part Suret Address									<u>IONDAY</u>	
Employer/Occupation/Labor Organization* M D Y Amount					Registration Number, if PAC					
Self-Employed Self-Employer/Occupation/Labor Organization Self-Employer/Occupation/Lab										
State	1				1					
Groveport	3965 Rio Grande Avenue	Self-	Self-Employed			019	<u> 1 5</u>		200.00	
Full Name of Contributor Timothy & Sandra Ragland Employer/Occupation/Labor Organization* M	City	Stat	te	Zip Code	Form(C	ash Check	cete)			
Timothy & Sandra Ragland Employer/Occupation/Labor Organization* M	Groveport		Н	43125		Checl	k			
State Address Employer/Occupation/Labor Organization* M D Y Amount	Full Name of Contributor				Registra	uion Num	ber, if PA	.C		
State Address Employer/Occupation/Labor Organization* M D Y Amount	Timothv & Sandra Ragland				1					
State Columbus Check		Employer/	Оссира	tion/Labor Organization*	М	D	Y	Amount		
State Columbus Check	3631 Florian Drive	Retir	red		1013	019	115		100 00	
Columbus	City	+		Zip Code					100.00	
Registration Number, if PAC		$1 \circ 1$		-						
Susan Cooper Sure Address Employer/Occupation/Labor Organization* M D Y Amount P. O. Box 771 Retired Ol 3 Ol 9 1 5 100.00	Full Name of Contributor	1 (/ .	• •	13-17				C		
Employer/Occupation/Labor Organization*	Susan Cooper						,	-		
P. O. Box 771	<u> </u>	Employer/	Occupa	tion/Labor Organization*	м	מ	ΙV	Amount		
State Zip Code Form(Cash,Check,ete) Check		1							100.00	
Columbus				7in Code					100.00	
State Zip Code State Zip	· ·	آ ۾ ا			1					
Street Address		<u> 1 () i</u>	11	43210	_			C		
Street Address Employer/Occupation/Labor Organization* M D Y Amount					Registra	mon Man	Dei, II FA	·C		
State Zip Code Form(Cash, Check, etc)		Employee	O	rian (I ahas O-assi-aria-#	1	1 5	T 0	1		
State Zip Code Form(Cash,Check,etc) Check					1			Amouni	25.00	
Columbus									25.00	
Full Name of Contributor Monique Underdown	· ·	Stat		*						
Monique Underdown Street Address Employer/Oecupation/Labor Organization* M D Y Amount		<u> 10 </u>	O H 43227							
Employer/Occupation/Labor Organization*					Registra	ition Num	ber, if PA	.C		
2175 Easthaven Drive					ļ	,				
State Zip Code Form(Cash,Check,etc)		1			1			Amount		
Columbus O H 43232 Check Full Name of Contributor Llyod Dillard Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* M D Y Amount 3226 McCutcheon Place State Zip Code Form(Cash, Check, etc) Columbus Check Full Name of Contributor Ceola Garrett Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* M D Y Amount O J Amount 25.00 City State Zip Code Form(Cash, Check, etc) Employed O J 3 O J 9 I J 5 25.00		Wes	WesBanco Bank						38.00	
Full Name of Contributor Llyod Dillard	l ·	1			Form(Cash,Check,etc)					
Llyod Dillard Employer/Occupation/Labor Organization* M D Y Amount		O H 43232			Check					
Employer/Occupation/Labor Organization*					Registra	tion Num	ber, if PA	c		
3226 McCutcheon Place	Llyod Dillard									
State Zip Code Form(Cash, Check, etc) Check	Street Address	Employer/	Оссира	tion/Labor Organization*	М			Amount		
Columbus O H 43219 Check Full Name of Contributor Registration Number, if PAC Ceola Garrett Street Address Employer/Occupation/Labor Organization* M D Y Amount 205 Woodland Avenue Self-Employed 0 3 0 9 1 5 25.00 City State Zip Code Form(Cash, Check, etc)	¹ 3226 McCutcheon Place	1			013	0 9	1 5		50.00	
Registration Number, if PAC	City	Stat	e	Zip Code	Form(C	ash,Check	etc)			
Ceola Garrett Street Address Employer/Occupation/Labor Organization* M D Y Amount 205 Woodland Avenue Self-Employed 0 3 0 9 1 5 25.00 City State Zip Code Form(Cash,Check,etc)	Columbus	101	Н	43219		Checl	k			
Street Address 205 Woodland Avenue Self-Employed State Zip Code Employer/Occupation/Labor Organization* M D Y Amount 0 3 0 9 1 5 25.00	Full Name of Contributor				Registra	tion Num	ber, if PA	.C		
Street Address 205 Woodland Avenue Self-Employed State Zip Code Employer/Occupation/Labor Organization* M D Y Amount 0 3 0 9 1 5 25.00	Ceola Garrett				ł					
City State Zip Code Form(Cash, Check, etc)		Employer/Occupation/Labor Organization*			М	D	Y	Amount		
City State Zip Code Form(Cash, Check, etc)	205 Woodland Avenue	1 ' ' '			013	019	115		25.00	
	City									
	•			*		Checl	k			
		/ -			•					

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
		i		

^{*} 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)]