

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee to Elect James C. Ragland</b>						<b>POTTS</b>	
Full Name of Contributor <b>Contributors of less than \$25</b>				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	01	270.00
City		State	Zip Code	Form (Cash, Check, etc)			
		I		Cash/Check			
Full Name of Contributor <b>Michael Samuels (CHECK RETURNED FOR NON-SUFFICIENT FUN</b>				Registration Number, if PAC			
Street Address <b>3157 Geneview Driver</b>		Employer/Occupation/Labor Organization* <b>Byron L. Potts Law Firm</b>		M	D	Y	Amount
				0	4	01	0.00
City <b>Columbus</b>		State <b>O</b>	Zip Code <b>H 43219</b>	Form (Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Jeffery Mavs</b>				Registration Number, if PAC			
Street Address <b>4833 Ashleigh Drive</b>		Employer/Occupation/Labor Organization* <b>Retired</b>		M	D	Y	Amount
				0	4	01	125.00
City <b>Dublin</b>		State <b>O</b>	Zip Code <b>H 43016</b>	Form (Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Byron Potts</b>				Registration Number, if PAC			
Street Address <b>5770 Middleby Drive</b>		Employer/Occupation/Labor Organization* <b>Self Employed / Potts Law</b>		M	D	Y	Amount
				0	4	01	125.00
City <b>Hilliard</b>		State <b>O</b>	Zip Code <b>H 43026</b>	Form (Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Vickie Potts</b>				Registration Number, if PAC			
Street Address <b>5770 Middleby Drive</b>		Employer/Occupation/Labor Organization* <b>Potts Law Firm</b>		M	D	Y	Amount
				0	4	01	100.00
City <b>Hilliard</b>		State <b>O</b>	Zip Code <b>H 43026</b>	Form (Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Timothy Craft</b>				Registration Number, if PAC			
Street Address <b>2818 Salem Hills Court</b>		Employer/Occupation/Labor Organization* <b>Self Employed / Amera Co</b>		M	D	Y	Amount
				0	4	01	300.00
City <b>Columbus</b>		State <b>O</b>	Zip Code <b>H 43147</b>	Form (Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Dan Moncrief III</b>				Registration Number, if PAC			
Street Address <b>1324 E. 18th Avenue</b>		Employer/Occupation/Labor Organization* <b>McDaniels Construction/C</b>		M	D	Y	Amount
				0	4	01	500.00
City <b>Columbus</b>		State <b>O</b>	Zip Code <b>H</b>	Form (Cash, Check, etc) <b>Check</b>			

\* 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

0.00

Page Total \$ 1,420.00