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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full									
Committee-to-Elect James C. Ragland Full Name of Contributor					ber, if PA	.C			
Peter Johnson			I.K.E.Su.		ioci, ii 17				
Street Address	Employer/Occurs	ation/Labor Organization*				Form (Cash, C	heck etc.)		
5682 Great Woods Boulevard	Walgree				Credit				
City		M D Y			Amount				
Columbus	ОН	Zip Code 43231	0 4	1 3	1   5		25.00		
Full Name of Contributor	0   11	40201				.C	23.00		
Full Name of Contribution  Registration Number, if PAC  Contributions from Form No. 31-E									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, C	heck etc.)		
						(5	,		
City	State	Zip Code	M	D	Y	Amount			
•	оІн		013	0 9	1   5		704.00		
Full Name of Contributor	, 0 ,				beτ, if PA	iC	701.00		
Contributions from Form No. 31-E									
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, C	heck, etc.)		
		•					-		
City	State	Zip Code	М	D	Y	Amount			
	отн		0 3	1 6	1   5		2,155.00		
Full Name of Contributor					ber, if P.	C			
Contributions from Form No. 31-E									
Street Address	Employer/Occupa	ntion/Labor Organization*				Form (Cash, C	heck, etc.)		
City	State	Zip Code	М	D	Y	Amount			
	O   H		0 3	2 0	1   5		640.00		
		•	Registra	tion Num	ber, if PA	C			
Contributions from Form No. 31-E									
Street Address	Employer/Occupation/Labor Organization*			•			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
Columbus	ОН		03	2 0	1 5		650.00		
Full Name of Contributor			rC.						
Contributions from Form No. 31-E									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, C	heck, etc.)		
City	i .	Zip Code	M	D .	Y	Amount			
_	OH				1 5		3,265.00		
Full Name of Contributor			Registra	tion Num	iber, if PA	ıC.			
Contributions from Form No. 31-E									
Street Address	Employer/Occupa	stion/Labor Organization*				Form (Cash, C	heck, etc.)		
		1	T		T;				
City	State	Zip Code	M	D	Y	Amount	2 275 22		
	OH		0 4	0 1	1 5		2,275.00		
Full Name of Contributor Registration Number, if PAC									
Contributions from Form No. 31-E	[F1^_					Form (Ct- C	hark ees \		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, C	LICCK, EIC.)		
o.	Serie 17:- C-1-				Ιv	A monet			
City	State	Zip Code	M	D  1 1	Y 1 1 =	Amount	702.00		
- 1 G	<u> </u>		0 4	1   1	1   5	L	792.00		

Page Total \$ 10,506.00

Required for contributions from individuals over \$100 to statewide and general assembly candidates. It 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)]