

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee-to-Elect James C. Ragland</b>							
Full Name of Contributor <b>Peter Johnson</b>					Registration Number, if PAC		
Street Address <b>5682 Great Woods Boulevard</b>		Employer/Occupation/Labor Organization* <b>Walgreens</b>			Form (Cash, Check, etc.) <b>Credit</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43231</b>	M <b>0   4</b>	D <b>1   3</b>	Y <b>1   5</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Contributions from Form No. 31-E</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b>O   H</b>	Zip Code	M <b>0   3</b>	D <b>0   9</b>	Y <b>1   5</b>	Amount <b>704.00</b>	
Full Name of Contributor <b>Contributions from Form No. 31-E</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b>O   H</b>	Zip Code	M <b>0   3</b>	D <b>1   6</b>	Y <b>1   5</b>	Amount <b>2,155.00</b>	
Full Name of Contributor <b>Contributions from Form No. 31-E</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b>O   H</b>	Zip Code	M <b>0   3</b>	D <b>2   0</b>	Y <b>1   5</b>	Amount <b>640.00</b>	
Full Name of Contributor <b>Contributions from Form No. 31-E</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code	M <b>0   3</b>	D <b>2   0</b>	Y <b>1   5</b>	Amount <b>650.00</b>	
Full Name of Contributor <b>Contributions from Form No. 31-E</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b>O   H</b>	Zip Code	M <b>0   3</b>	D <b>2   8</b>	Y <b>1   5</b>	Amount <b>3,265.00</b>	
Full Name of Contributor <b>Contributions from Form No. 31-E</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b>O   H</b>	Zip Code	M <b>0   4</b>	D <b>0   1</b>	Y <b>1   5</b>	Amount <b>2,275.00</b>	
Full Name of Contributor <b>Contributions from Form No. 31-E</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b> </b>	Zip Code	M <b>0   4</b>	D <b>1   1</b>	Y <b>1   5</b>	Amount <b>792.00</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)]

Page Total \$ 10,506.00