

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 Deborah R. Pickens					Registration Number, if PAC		
Street Address 6831 Scioto Chase Boulevard		Employer/Occupation/Labor Organization* Eaton			Form (Cash, Check, etc.) Check		
City Powell	State O H	Zip Code 43065	M 0 4	D 0 8	Y 1 5	Amount 20,000.00	
Full Name of Contributor George Rooney					Registration Number, if PAC		
Street Address 1888 Baldrige Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit		
City Columbus	State O H	Zip Code 43221	M 0 4	D 0 7	Y 1 5	Amount 100.00	
Full Name of Contributor Marvin O'Daniel					Registration Number, if PAC		
Street Address 3588 Florian Drive		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43219	M 0 4	D 1 2	Y 1 5	Amount 100.00	
Full Name of Contributor Felicia Clayton					Registration Number, if PAC		
Street Address 1127 Poppy Hills Drive		Employer/Occupation/Labor Organization* None			Form (Cash, Check, etc.) Check		
City Blacklick	State O H	Zip Code 43004	M 0 4	D 1 1	Y 1 2	Amount 100.00	
Full Name of Contributor Mekelle Bly					Registration Number, if PAC		
Street Address 163 Leasure Drive		Employer/Occupation/Labor Organization* St. Anns Hospital			Form (Cash, Check, etc.) Check		
City Pickerington	State O H	Zip Code 43147	M 0 4	D 1 2	Y 1 5	Amount 50.00	
Full Name of Contributor James Cowardin					Registration Number, if PAC		
Street Address 2812 Pickwick Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit (Act Blue)		
City Columbus	State O H	Zip Code 43221	M 0 3	D 0 5	Y 1 5	Amount 500.00	
Full Name of Contributor Ian Blount					Registration Number, if PAC		
Street Address 5600 Echo Road		Employer/Occupation/Labor Organization* Self Employed - Coalescence			Form (Cash, Check, etc.) Credit (Act Blue)		
City Columbus	State O H	Zip Code 43230	M 0 3	D 0 6	Y 1 5	Amount 100.00	
Full Name of Contributor Mitzi Brown					Registration Number, if PAC		
Street Address 1438 Bairstow Court		Employer/Occupation/Labor Organization* Receptionist			Form (Cash, Check, etc.) Cash		
City Galloway	State O H	Zip Code 43119	M 0 4	D 1 0	Y 1 5	Amount 15.00	

* 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 \$ 20,965.00