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Statement of Contributions Received

Prescribed by Secretary of State 3/05

5			_			_		
Name of Committee in Full								
Committee-to-Elect James C. Ragland								
Full Name of Contributor	•••			Registra	Registration Number, if PAC			
Joseph McKelvey								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			ck, etc.)	
643 Pincay Place	Retired						Credit	
City	Sta	te	Zip Code	M	D	Y	Amount	
Gahanna	0	H	43230	0 4	1 7	1 5		200.00
Full Name of Contributor			•	Registra	rion Num	ber, if P	AC	
Brian Brooks								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1000 Urlin Avenue #1608	EE Ward Moving		l Moving				Credit	
City	Sta		Zip Code	М	D	Y	Amount	
Columbus	01	Η	43212	0 4	1 7	1 5	-	250.00
Full Name of Contributor	1					ber, if PA	C	
Justin Gibson			•					
Street Address .	Employer	/Occupa	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
2202 Morrison Court	1		S/Sales				Credit	
City	Sta		Zip Code	М	Ð	Y	Amount	
Covington	KI	Y	41017	014	117	115	ŀ	50.00
Full Name of Contributor	1 1		11017			beτ, ii Pa	C.	50.00
Grant Stancliff						,		
Street Address	Employer	Occum	ation/Labor Organization*	<u> </u>			Form (Cash, Che	el ate)
408 Thurber Drive W #8	Equality Ohio Education Fund			ınd	· · · · · · · · · · · · · · · · · · ·		Credit	Ca, C(C.)
City	Stat		Zip Code	I M	D	ΙΥ	Amount	_
Columbus	O	H	43215		1 7			37.00
Columbus	0 1	11	43213			1 5 ber, if PA		25.00
Frank Brunson				vegistra	ифо улиц	oer, u ra	ic .	
Street Address	E-day Own in the Own in the			F (0.1.0)				
	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
3954 Sleaford Avenue	AEF		7:- 6-1-				Credit	
•	Stat		Zip Code	M	D	Y	Amount	
Gahanna	0	H	43230	0 4	1 7	1 5		25.00
· 	Name of Contributor Registration Number, if PAC							
Chris Rice	<u> </u>							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
9449 S. Kedzie #390	Clearwater Paper						Credit	
City	Stat		Zip Code	M	D	Y	Amount	
Evergreen	I	L	60805			1 5		50.00
Full Name of Contributor				Registrat	ion Num	ber, if PA	.c	
Sylvia Garrett							-	
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1259 Crooked Treet Court	Self Employed					Credit		
City	Stat		Zip Code	M	D	Y	Amount	
Westerville	0	Н	43081	0 4	2 0	1 5		750.00
Full Name of Contributor				Registrat	ion Num	ber, if PA	C	
Tayla Greathouse								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
2111 Fenway Place	Licking Memorial Hospital			Credit				
City	Stat		Zip Code	М	Đ	Y	Amount	-
Reynoldsburg		Н	43068	0 4	2 0	1 5		50.00

Page Total \$	1,400.00

^{*} 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)]