31-A
R.C. 3517.10

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						Registration Number, if PAC	
James Rhynehardt							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
164 Whitethorne Avenue	Retired					Cash	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O | H	43223	0 2	0 8	1 5	50.00	
Full Name of Contributor						Registration Number, if PAC	
Deborah R. Pickens							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
6831 Scioto Chase Boulevard	Eaton					Check	
City	State	Zip Code	M	D	Y	Amount	
Powell	O | H	43065	0 2	1 8	1 5	400.00	
Full Name of Contributor						Registration Number, if PAC	
Dorothy Rhynehardt							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
164 Whitethorne Avenue	Retired					Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O | H	43223	0 2	2 3	1 5	500.00	
Full Name of Contributor						Registration Number, if PAC	
Deborah R. Pickens							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
6831 Scioto Chase Boulevard	Eaton					Check	
City	State	Zip Code	M	D	Y	Amount	
Powell	O | H	43065	0 3	1 1	1 5	5,000.00	
						Registration Number, if PAC	
James K. Williams III							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
2734 Home Road	Self Employed / The Kirk Williams Compa					Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O | H	43213	0 3	0 3	1 5	1,000.00	
Full Name of Contributor						Registration Number, if PAC	
Kevin Scott							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
9855 South Michigan Avenue	Chicago Police Department					Cash	
City	State	Zip Code	M	D	Y	Amount	
Chicago	I | L	60628	0 3	1 1	1 5	50.00	
Full Name of Contributor						Registration Number, if PAC	
Carol E. Ware							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
6485 Rock Circle	Retired					Cash	
City	State	Zip Code	M	D	Y	Amount	
Westerville	O | H	43081	0 3	0 3	1 5	50.00	
Full Name of Contributor						Registration Number, if PAC	
Regina Scott							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
9855 South Michigan Avenue	Chicago Police Department					Cash	
City	State	Zip Code	M	D	Y	Amount	
Chicago	I | L	60628	0 3	1 1	1 5	50.00	

* 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 $ 7,100.00