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Statement of Contributions Received

Committee to Elect James C. Ragland Full Name of Contributor Anthony Underdown		Prescribe	a by Secr	etary of State 3/05					
Registration Number: if PAC	Name of Committee in Full								
Registration Number: if PAC	Committee to Elect James C. Ragland								1
State Address Countributor State Address Countributor State Address Address Annual Address Address Annual Address An	Full Name of Contributor				Registration Number, if PAC				
State Address Countributor State Address Countributor State Address Address Annual Address Address Annual Address An	Anthony Underdown								
State Zip Code M D Y Arrount	Street Address	Employe	г/Оссира	tion/Labor Organization*	Form (Cash, Check,			ck, etc.)	
State Zip Code M D Y Arrount	686 Linwood	Hea	rtlan	d Bank/Personal I	Banker			Cash	
Fall Name of Coardware Gay Underdown Sireer Address CittBank Three street Banker Cash	City				•		Y	Amount	
Fail Name of Contributor Guy Underdown Sincer Address CittBank / Investment Banker Form (Cash, Check, etc.) Columbus Columbus Columbus Cash Cas	Columbus	101	Н	43205	1 0	0 9	1 1		50.00
Employer/Occupation/Labor Organization*	Full Name of Contributor	•	•					С	
Employer/Occupation/Labor Organization*	Guy Underdown								
State	Street Address	Employer/Occupation/Labor Organization*			-			Form (Cash, Check, etc.)	
State			CitiBank/Investment Bank					Cash	
Name of Countibutor Bryon Potts	City				•	Ð	Y		
Registration Number, if PAC Bryon Potts	Columbus	101	Н	43203	110	$0 \mid 9$	1 1		45.00
Sure Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)	Full Name of Contributor			_			ber, if PA	.c	
Sure Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)	Bryon Potts								
State Zip Code M		Employe	т/Оссира	tion/Labor Organization*				Form (Cash, Che	ck, etc.)
State Zip Code M	5770 Middleby Drive	Self	Emp	loved / Byron L. I	otts.	LPA		Cash	
Form Cash Check Check							Y		
Full Name of Contributor	Columbus		Н	43206	1 0	0 9	1 1		100.00
Employer/Occupation/Labor Organization*	Full Name of Contributor			<u> </u>				C	
Employer/Occupation/Labor Organization*	Anna Martin								
State Zip Code M D Y Amount 20.00	Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Che	ck, etc.)
State Zip Code M D Y Amount 20.00	7900 Chanmpaign Drive							Check	
Fall Name of Contributor John Gore	City	St	ate	Zip Code	М	D	Y		
Fall Name of Contributor John Gore	Blacklick		Н	43004	1110	018	1 1		20.00
Employer/Occupation/Labor Organization*	Full Name of Contributor			<u> </u>				C	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	John Gore								
State Zip Code M D Y Amount	Street Address	Employe	т/Оссира	tion/Labor Organization*				Form (Cash, Che	ck, etc.)
State Zip Code M D Y Amount	5653 Pleasant Hill Drive	Self Employed						Check	
Registration Number, if PAC	City				М	D	Y	Amount	
Registration Number, if PAC	Hilliard	0	Н	43026	110	0 9	1 1		100.00
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Full Name of Contributor	•						C	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Michael J. Soter								
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Street Address				<u>-</u>			Form (Cash, Check, etc.)	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	460 Brevoort Road	Self Employed Subcontrac			tor/ Bryson Con			Check	
Registration Number, if PAC Adonis Bristow Street Address 2913 Footloose Drive City Columbus Full Name of Contributor State Zip Code O H 43231 Theresa Saelim Street Address Employer/Occupation/Labor Organization* Registration Number, if PAC Check Theresa Saelim Street Address Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Form (Cash. Check, etc.) Registration Number, if PAC Theresa Saelim Street Address Employer/Occupation/Labor Organization* Form (Cash. Check, etc.) Check City State Zip Code M D Y Amount									,
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Columbus	0	H	43214	10	1 1	1 1 1		250.00
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Full Name of Contributor				Registra	tion Num	ber, if PA	AC .	
2913 Footloose Drive YUSA Corporation / Engineering Mgr	Adonis Bristow								
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Street Address	Employe	r/Occupa	ition/Labor Organization*	-			Form (Cash, Che	ck, etc.)
Columbus O H 43231 1 0 1 4 1 1 50.00 Fuli Name of Contributor Theresa Saelim Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) 275 Pfeifer Drive Check City State Zip Code M D Y Amount	2913 Footloose Drive YUSA Corporation / Eng		orporation /Engin	ineering Mgr			Check		
Fuli Name of Contributor Theresa Saelim Street Address Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Form (Cash. Check, etc.) Check City State Zip Code M D Y Amount	City	St	ate	Zip Code	M	D	Y	Amount	
Theresa Saelim Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) 275 Pfeifer Drive Check City State Zip Code M D Y Amount	Columbus		H	43231	10	1 4	1 1		50.00
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) 275 Pfeifer Drive Check City State Zip Code M D Y Amount	Fuli Name of Contributor						ber, if PA	vC	
275 Pfeifer Drive Check City State Zip Code M D Y Amount	Theresa Saelim								
City State Zip Code M D Y Amount	Street Address		Employer/Occupation/Labor Organization*					Form (Cash, Che	ck, etc.)
City State Zip Code M D Y Amount	275 Pfeifer Drive							Check	
Canal Winchester O H 43110 1 0 1 3 1 1 25.00	City	St	ate	1 2	М	D	Y	Amount	
	Canal Winchester	0	H	43110	1 0	13	1 1		25.00

* 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 \$	640.00