

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 Citizens for Tavares					Registration Number, if PAC		
Street Address 5632 Farms Drive		Employer/Occupation/Labor Organization* Representative			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43213	M 0 3	D 1 3	Y 1 5	Amount 1,000.00	
Full Name of Contributor Rodney Washington					Registration Number, if PAC		
Street Address P. O. Box 63		Employer/Occupation/Labor Organization* UBS Financial Analyst			Form (Cash, Check, etc.) Check		
City New Albany	State O H	Zip Code 43054	M 0 3	D 1 1	Y 1 5	Amount 250.00	
Full Name of Contributor Jonathan McReynolds					Registration Number, if PAC		
Street Address 952 Military		Employer/Occupation/Labor Organization* Oakley Baptist Church; Pastor			Form (Cash, Check, etc.) Cash		
City Galloway	State O H	Zip Code 43119	M 0 3	D 1 5	Y 1 5	Amount 100.00	
Full Name of Contributor Jason Miles					Registration Number, if PAC		
Street Address 5632 Cardin Boulevard		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43016	M 0 3	D 1 6	Y 1 5	Amount 2,500.00	
Full Name of Contributor Ora White					Registration Number, if PAC		
Street Address 6230 Peach Tree Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43213	M 0 3	D 1 1	Y 1 5	Amount 200.00	
Full Name of Contributor Michael Reeves					Registration Number, if PAC		
Street Address 659 Caton Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit		
City Reynoldsburg	State O H	Zip Code 43068	M 0 3	D 0 6	Y 1 5	Amount 250.00	
Full Name of Contributor Charles A. Brown					Registration Number, if PAC		
Street Address 6017 Mont Richer Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Knoxville	State T N	Zip Code 37918	M 0 3	D 2 5	Y 1 5	Amount 250.00	
Full Name of Contributor Andre Bryan					Registration Number, if PAC		
Street Address 25151 Brookpark Road, #810		Employer/Occupation/Labor Organization* Self-Employed / APB & Associates			Form (Cash, Check, etc.) Check		
City North Olmsted	State O H	Zip Code	M 0 3	D 2 4	Y 1 5	Amount 2,500.00	

* 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 \$ **7,050.00**