

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 Michael Watlin						Registration Number, if PAC			
Street Address 5967 Ella Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Money Order		
City Columbus		State O H		Zip Code 43231		M 0 5	D 0 1	Y 1 5	Amount 50.00
Full Name of Contributor Ryan Johnson						Registration Number, if PAC			
Street Address 2651 Lindora Place			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Columbus		State O H		Zip Code 43232		M 0 5	D 0 1	Y 1 5	Amount 20.00
Full Name of Contributor Joseph Saverimuttu						Registration Number, if PAC			
Street Address 22 Briarwood Drive			Employer/Occupation/Labor Organization* Self Employed				Form (Cash, Check, etc.) Credit		
City Wheeling		State W V		Zip Code 26003		M 0 4	D 2 8	Y 1 5	Amount 150.00
Full Name of Contributor Monique Hall						Registration Number, if PAC			
Street Address 82 Green Mill			Employer/Occupation/Labor Organization* Lumen Legal				Form (Cash, Check, etc.) Credit		
City Blacklick		State O H		Zip Code 43004		M 0 5	D 0 4	Y 1 5	Amount 75.00
Full Name of Contributor Tracee Black-Fall						Registration Number, if PAC			
Street Address 2033 Level Green Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H		Zip Code 43219		M 0 4	D 3 0	Y 1 5	Amount 100.00
Full Name of Contributor Charlotte Bell						Registration Number, if PAC			
Street Address 2887 Ivanhoe Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H		Zip Code 43209		M 0 4	D 3 0	Y 1 5	Amount 100.00
Full Name of Contributor Michelle M. Gibson						Registration Number, if PAC			
Street Address 5967 Hunter Place			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville		State O H		Zip Code 43082		M 0 5	D 0 5	Y 1 5	Amount 200.00
Full Name of Contributor Contributions from Form 31-E						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount
						0 5	0 2	1 5	450.00

* 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 \$ 1,145.00