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R	C.	35	17.	10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

									
Name of Committee in Full	1 1								
Committee to Elect James C. Rag	land								
Full Name of Contributor			Registrat	Registration Number, if PAC					
Martha Harmon									
Street Address	Employer/Occup	pation/Labor Organization*	•			Form (Cash, Check, e	tc.)		
3616 Florian Drive	Retired					Check			
City	State	Zip Code	М	D	Y	Amount			
Columbus	O H	43219	1 0	1 5	1 1		20.00		
Full Name of Contributor			Registrat	ion Num	ber, if PA	.C			
Timothy Craft									
Street Address	Employer/Occup	pation/Labor Organization	ŧ			Form (Cash, Check, e	etc.)		
662 Cherry Hill Drive	Self Emi	Self Employed / Americourier Plus LLC				Check			
City	State	Zip Code	М	D	Y	Amount			
Pickerington	ОІН	43147	1 0	1 7	1 1	1	00.00		
Full Name of Contributor	0	101.17			ber, if PA		00.00		
			i i gimiu		,	.0			
Street Address	Lucinda Jackson					Form (Cash, Check, e	etc.)		
1	LinployenOccup	Employer/Occupation/Labor Organization*				•			
614 Elizabeth Avenue	State	Zie Codo	1 14	<u> </u>	I v	Check_			
City	State	Zip Code	M	D	Y	Amount	EO 00		
Columbus	OH	43213	1 0	1 4	1 1		50.00		
Full Name of Contributor			Registra	tion Num	iber, if PA	iC .			
Jeffery Lewis									
Street Address	Employer/Occup	oation/Labor Organization	*			Form (Cash, Check, e	etc.)		
1429 Cottingham Court						Check			
City	State	Zip Code	М	D	Y	Amount			
Columbus	O H	43209	1 0	1 6	1 1		50.00		
Full Name of Contributor			Registra	tion Num	iber, if PA	C			
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			Form (Cash, Check, e	etc.)			
City	State	Zip Code	M	D	Y	Amount			
Full Name of Contributor			Registra	tion Nurr	nber, if PA	AC			
{									
Street Address	Employer/Occu	pation/Labor Organization	*			Form (Cash, Check,	etc.)		
City	State	Zip Code	М	D	Y	Amount			
			1		1				
Full Name of Contributor	<u> </u>		Registra	tion Nun	iber, if PA	/C			
Street Address	Employer/Occu	pation/Labor Organization	*			Form (Cash, Check,	etc.)		
		F					,		
City	State	Zip Code	I M	D	Y	Amount			
City	June	23.p Code	"			i inouni			
Full Name of Contributor			Pagistm	tion Nun	ber, if PA				
run Name of Contributor			Registia	inori noni	noer, it fa	10			
Change Address	E1	nation/Labor Oiii	<u> </u>			Earn (Cock Cha-1-	ato)		
Street Address	ЕтрюуелОсси	Employer/Occupation/Labor Organization* Form (Cash. Check, etc.)			E(C.)				
ev.	2	In: a.t.	1] F:	1 17	ļ			
City	State	Zip Code	M	D	Y	Amount			
						l			

* 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 \$ 22	0.00
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