

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee to Elect James C. Ragland</b>							
Full Name of Contributor <b>Martha Harmon</b>				Registration Number, if PAC			
Street Address <b>3616 Florian Drive</b>		Employer/Occupation/Labor Organization* <b>Retired</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43219</b>	M <b>1   0</b>	D <b>1   5</b>	Y <b>1   1</b>	Amount <b>20.00</b>	
Full Name of Contributor <b>Timothy Craft</b>				Registration Number, if PAC			
Street Address <b>662 Cherry Hill Drive</b>		Employer/Occupation/Labor Organization* <b>Self Employed / Americourier Plus LLC</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Pickerington</b>	State <b>O   H</b>	Zip Code <b>43147</b>	M <b>1   0</b>	D <b>1   7</b>	Y <b>1   1</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Lucinda Jackson</b>				Registration Number, if PAC			
Street Address <b>614 Elizabeth Avenue</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43213</b>	M <b>1   0</b>	D <b>1   4</b>	Y <b>1   1</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Jeffery Lewis</b>				Registration Number, if PAC			
Street Address <b>1429 Cottingham Court</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43209</b>	M <b>1   0</b>	D <b>1   6</b>	Y <b>1   1</b>	Amount <b>50.00</b>	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

\* 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)]