

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 James Valentas					Registration Number, if PAC		
Street Address 3721 Timberland Drive		Employer/Occupation/Labor Organization* Corena Kokosing Project Manager			Form (Cash, Check, etc.) Credit		
City Columbus	State O H	Zip Code 43230	M 0 3	D 2 4	Y 1 5	Amount 100.00	
Full Name of Contributor Clark Kellogg					Registration Number, if PAC		
Street Address 5423 Medallion Drive E		Employer/Occupation/Labor Organization* CBS Sports/Broadcaster			Form (Cash, Check, etc.) Credit		
City Westerville	State O H	Zip Code 43082	M 0 3	D 2 7	Y 1 5	Amount 1,000.00	
Full Name of Contributor Kalitha Williams					Registration Number, if PAC		
Street Address 2265 Water's Edge Boulevard		Employer/Occupation/Labor Organization* Policy Matters Ohio			Form (Cash, Check, etc.) Credit		
City Columbus	State O H	Zip Code 43209	M 0 3	D 3 1	Y 1 5	Amount 25.00	
Full Name of Contributor Eric Rogers					Registration Number, if PAC		
Street Address 338 S. High Street		Employer/Occupation/Labor Organization* Self Employed / Attorney			Form (Cash, Check, etc.) Credit		
City Columbus	State O H	Zip Code 43215	M 0 4	D 0 2	Y 1 5	Amount 100.00	
Full Name of Contributor William Klatt					Registration Number, if PAC		
Street Address 345 Wlhalla Road		Employer/Occupation/Labor Organization* Ohio Civil Service Employees Association			Form (Cash, Check, etc.) Credit		
City Columbus	State O H	Zip Code 43202	M 0 4	D 0 2	Y 1 5	Amount 10.00	
Full Name of Contributor Lynn Friedman					Registration Number, if PAC		
Street Address 2971 White Bark Place		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Credit		
City Columbus	State O H	Zip Code 43221	M 0 4	D 0 3	Y 1 5	Amount 50.00	
Full Name of Contributor Alvin Pelt					Registration Number, if PAC		
Street Address P. O. Box 16834		Employer/Occupation/Labor Organization* Worthington Consultation/Physician			Form (Cash, Check, etc.) Credit		
City Columbus	State O H	Zip Code 43216	M 0 4	D 0 5	Y 1 5	Amount 500.00	
Full Name of Contributor Reginald Keys					Registration Number, if PAC		
Street Address 2406 Maple Hedge Way		Employer/Occupation/Labor Organization* JPMorgan Chase			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43219	M 0 4	D 0 8	Y 1 5	Amount 100.00	

* 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 \$ 1,885.00