

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 Jacqueline Downey						Registration Number, if PAC			
Street Address 54 Woodland Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H		Zip Code 43203		M 0 1	D 0 9	Y 1 5	Amount 125.00
Full Name of Contributor Robert Downey						Registration Number, if PAC			
Street Address 54 Woodland Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H		Zip Code 43203		M 0 1	D 0 9	Y 1 5	Amount 125.00
Full Name of Contributor Maggie Burnes						Registration Number, if PAC			
Street Address 86 Old Forest Court			Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) Check		
City Gahanna		State O H		Zip Code 43230		M 0 2	D 0 3	Y 1 5	Amount 25.00
Full Name of Contributor Regina Scott						Registration Number, if PAC			
Street Address 9855 South Michigan Avenue			Employer/Occupation/Labor Organization* Chicago Police Department				Form (Cash, Check, etc.) Cash		
City Columbus		State O H		Zip Code 60628		M 0 2	D 0 1	Y 1 5	Amount 100.00
Full Name of Contributor Kevin Scott						Registration Number, if PAC			
Street Address 9855 South Michigan Avenue			Employer/Occupation/Labor Organization* Chicago Police Department				Form (Cash, Check, etc.) Cash		
City Columbus		State O H		Zip Code 60628		M 0 2	D 0 1	Y 1 5	Amount 100.00
Full Name of Contributor Cecil Jones						Registration Number, if PAC			
Street Address 7885 Maple Grove Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Lewis Center		State O H		Zip Code 43035		M 0 1	D 0 3	Y 1 5	Amount 500.00
Full Name of Contributor Opal Walker						Registration Number, if PAC			
Street Address 329 Belvidere Avenue			Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) Check		
City Columbus		State O H		Zip Code 43223		M 0 2	D 0 8	Y 1 5	Amount 100.00
Full Name of Contributor Dorothy Rhynehardt						Registration Number, if PAC			
Street Address 164 Whitethorne Avenue			Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) Cash		
City Columbus		State O H		Zip Code 43223		M 0 2	D 2 3	Y 1 5	Amount 50.00

* 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)]