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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

N. Commission D.									
Name of Committee in Full									
Committee to Elect James C. Ragland				In :					
Fuli Name of Contributor				Registration Number, if PAC					
Jeffery Mayes							1 -		
Street Address	Empleyer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
4062 Savannah Grove Lane			CFO U.S.P.S.				Check		
City	Sta		Zip Code	M	D	Y	Amount		
Columbus	0	Н	43221	1 0	2 3	1 1		25.00	
Full Name of Contributor				Registra	tion Numb	oer, if PA	.C		
Jackie Whitworth									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
6999 Hummock Pond							Check		
City	Sta	ite	Zip Code	M	D	Y	Amount		
Reynoldsburg	101	Н	43066	1 0	2   3	1   1		50.00	
Full Name of Contributor	<u> </u>				tion Num	oer, if PA	.C		
Alethea Gaddis									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
4870-2B Lake Forest	Project Linden / Manager						Cash		
City	<del></del>		Zip Code	M	D	Y	Amount		
Westerville	0	Н	43081	1 0	2   2	1   1		25.00	
Full Name of Contributor					tion Numb		C		
Vicky Potts									
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Che	eck, etc.)	
5770 Middleby Drive	Unemployed						Cash		
City Drive			Zip Code	М	D	Y	Amount		
Columbus	10	H	43026	$\begin{vmatrix} 1 & 0 \end{vmatrix}$	2 3	1 1	Ī	100.00	
Full Name of Contributor			13040		∠   ろ ition Num		C.	100.00	
Regina R. Harper Street Address	Employe	r/Ωccurs	tion/Labor Organization*				Form (Cash Che	eck etc )	
	Employer/Occupation/Labor Organization*  JPMorgan Cahse / Vice Pr			acidant			Form (Cash, Check, etc.)		
3370 McCutcheon Crossing Drive City			n Canse / Vice Pre	езі <u>дег</u> Гм	lt D	Y	Cash Amount		
1 -	1 _	H H	43219	1 .		1 1	Zanoun	10.00	
Columbus Full Name of Contributor	О	11	43417	- 10	Z   I ition Num	her if DA	<u> </u>	10.00	
				registra	adii INUM	uci, II I'P	ıc		
Regina R. Harper	E1	w/O	vion/Labor Description*	<u> </u>			Form /Carl CL	ook eta \	
Street Address	Employer/Occupation/Labor Organization*			. a a l al a un t			Form (Cash, Check, etc.)		
3370 McCutcheon Crossing Drive			n Chase / Vice Pro	$\overline{}$		1 v	Check		
City		ate I <b>H</b>	Zip Code	M	D	Y 1 1 1	Amount	250.00	
Columbus	0	Н	43219	1 0		1 1 1	<u>C</u>	250.00	
Full Name of Contributor				Kegistra	ation Num	oer, if PA	HC.		
Deborah R. Pickens	le ·	10		<u> </u>			E (C 1 C		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
6831 Scioto Chase Boulevard	$\overline{}$		orporation / Purch				Check		
City		ate	Zip Code	M	D	Y	Amount	050.00	
Powell	10	Н	43065	1 0		1 1	<u>L</u>	250.00	
Full Name of Contributor				Registra	ation Num	ber, if PA	AC		
Bryon L. Potts									
Street Address	Employer/Occupation/Labor Organization*			_			-	Form (Cash, Check, etc.)	
5770 Middleby Drive	Self Employed / Bryon L. P						Cash		
City	_	ate	Zip Code	М	D	Y	Amount		
Columbus	0	Н	43026	$11 \mid 0$	23	1 1	<u> </u>	100.00	

<sup>\*</sup> 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)]