

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 Jeffery Mayes						Registration Number, if PAC				
Street Address 4062 Savannah Grove Lane			Employer/Occupation/Labor Organization* Retired / CFO U.S.P.S.				Form (Cash, Check, etc.) Check			
City Columbus			State O H		Zip Code 43221		M 1 0	D 2 3	Y 1 1	Amount 25.00
Full Name of Contributor Jackie Whitworth						Registration Number, if PAC				
Street Address 6999 Hummock Pond			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Reynoldsburg			State O H		Zip Code 43066		M 1 0	D 2 3	Y 1 1	Amount 50.00
Full Name of Contributor Alethea Gaddis						Registration Number, if PAC				
Street Address 4870-2B Lake Forest			Employer/Occupation/Labor Organization* Project Linden / Manager				Form (Cash, Check, etc.) Cash			
City Westerville			State O H		Zip Code 43081		M 1 0	D 2 2	Y 1 1	Amount 25.00
Full Name of Contributor Vicky Potts						Registration Number, if PAC				
Street Address 5770 Middleby Drive			Employer/Occupation/Labor Organization* Unemployed				Form (Cash, Check, etc.) Cash			
City Columbus			State O H		Zip Code 43026		M 1 0	D 2 3	Y 1 1	Amount 100.00
Full Name of Contributor Regina R. Harper						Registration Number, if PAC				
Street Address 3370 McCutcheon Crossing Drive			Employer/Occupation/Labor Organization* JPMorgan Cahse / Vice President				Form (Cash, Check, etc.) Cash			
City Columbus			State O H		Zip Code 43219		M 1 0	D 2 1	Y 1 1	Amount 10.00
Full Name of Contributor Regina R. Harper						Registration Number, if PAC				
Street Address 3370 McCutcheon Crossing Drive			Employer/Occupation/Labor Organization* JPMorgan Chase / Vice President				Form (Cash, Check, etc.) Check			
City Columbus			State O H		Zip Code 43219		M 1 0	D 2 1	Y 1 1	Amount 250.00
Full Name of Contributor Deborah R. Pickens						Registration Number, if PAC				
Street Address 6831 Scioto Chase Boulevard			Employer/Occupation/Labor Organization* Eaton Corporation / Purchasing Executive				Form (Cash, Check, etc.) Check			
City Powell			State O H		Zip Code 43065		M 1 0	D 2 0	Y 1 1	Amount 250.00
Full Name of Contributor Bryon L. Potts						Registration Number, if PAC				
Street Address 5770 Middleby Drive			Employer/Occupation/Labor Organization* Self Employed / Bryon L. Potts, LPA				Form (Cash, Check, etc.) Cash			
City Columbus			State O H		Zip Code 43026		M 1 0	D 2 3	Y 1 1	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)]