

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 Gary Marland					Registration Number, if PAC		
Street Address 2500 Cleveland Avenue		Employer/Occupation/Labor Organization* Self Employed			Form (Cash, Check, etc.) Credit		
City Columbus	State O H	Zip Code 43211	M 0 4	D 1 7	Y 1 5	Amount 250.00	
Full Name of Contributor Jonathan Beard					Registration Number, if PAC		
Street Address 1815 Franklin Park South		Employer/Occupation/Labor Organization* Columbus Compact Group			Form (Cash, Check, etc.) Credit		
City Columbus	State O H	Zip Code 43205	M 0 4	D 1 7	Y 1 5	Amount 50.00	
Full Name of Contributor Steve Ballard					Registration Number, if PAC		
Street Address 337 Hillside Terrace		Employer/Occupation/Labor Organization* Phi Beta Sigma			Form (Cash, Check, etc.) Credit		
City Hvattsville	State M D	Zip Code 20785	M 0 4	D 1 7	Y 1 5	Amount 25.00	
Full Name of Contributor Rav Smith					Registration Number, if PAC		
Street Address 17311 NW 47th Avenue		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Credit		
City Miami Gardens	State F L	Zip Code 33055	M 0 4	D 1 7	Y 1 5	Amount 25.00	
Full Name of Contributor Nicholas Jones					Registration Number, if PAC		
Street Address 1309 Pine Creek Drive		Employer/Occupation/Labor Organization* Self Employed/ Barber			Form (Cash, Check, etc.) Credit		
City Fayetteville	State A R	Zip Code 72704	M 0 4	D 1 7	Y 1 5	Amount 50.00	
Full Name of Contributor Carter Womack					Registration Number, if PAC		
Street Address 5400 Nottinghamshire Lane		Employer/Occupation/Labor Organization* Leadership at It's Best			Form (Cash, Check, etc.) Credit		
City Westerville	State O H	Zip Code 43081	M 0 4	D 1 7	Y 1 5	Amount 250.00	
Full Name of Contributor Adrian Johnson					Registration Number, if PAC		
Street Address 25701 W. 12 Mile Road, Apt 305		Employer/Occupation/Labor Organization* State of Michigan			Form (Cash, Check, etc.) Credit		
City Southfield	State M I	Zip Code 48034	M 0 4	D 1 7	Y 1 5	Amount 10.00	
Full Name of Contributor Robert Howard					Registration Number, if PAC		
Street Address 6309 Red Haven Road		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Credit		
City Columbia	State M D	Zip Code 21045	M 0 4	D 1 7	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)]