

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee to Elect James C. Ragland</b>							
Full Name of Contributor <b>Sandra K. Ragland</b>					Registration Number, if PAC		
Street Address <b>3631 Florian Drive</b>		Employer/Occupation/Labor Organization* <b>Retired</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43219</b>	M <b>0   9</b>	D <b>0   8</b>	Y <b>1   1</b>	Amount <b>1,000.00</b>	
Full Name of Contributor <b>Robert Chilton</b>					Registration Number, if PAC		
Street Address <b>1003 Cloverly Drive</b>		Employer/Occupation/Labor Organization* <b>Impact Community Action/CEO</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Gahanna</b>	State <b>O   H</b>	Zip Code <b>43230</b>	M <b>0   9</b>	D <b>2   3</b>	Y <b>1   1</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Rodney Washington</b>					Registration Number, if PAC		
Street Address <b>P. O. Box 63</b>		Employer/Occupation/Labor Organization* <b>UBS/Investment Manager</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>New Albany</b>	State <b>O   H</b>	Zip Code <b>43054</b>	M <b>0   9</b>	D <b>2   2</b>	Y <b>1   1</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Mekelle Armstrong-Bly</b>					Registration Number, if PAC		
Street Address <b>163 Leasure Drive</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>Pickerington</b>	State <b>O   H</b>	Zip Code <b>43147</b>	M <b>0   9</b>	D <b>2   2</b>	Y <b>1   1</b>	Amount <b>30.00</b>	
Full Name of Contributor <b>Lisa Dalton-Robinson</b>					Registration Number, if PAC		
Street Address <b>1079 Oxfordshire Drive</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43228</b>	M <b>0   9</b>	D <b>2   2</b>	Y <b>1   1</b>	Amount <b>60.00</b>	
Full Name of Contributor <b>Contributions from Form No. 31-E</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City	State	Zip Code	M <b>0   9</b>	D <b>2   1</b>	Y <b>1   1</b>	Amount <b>965.00</b>	
Full Name of Contributor <b>Contributions from Form No. 31-E</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Cash/Check</b>		
City	State	Zip Code	M <b>1   0</b>	D <b>1   5</b>	Y <b>1   1</b>	Amount <b>185.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

\* 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)]