• •,
31-A
R.C. 3517.10

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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

	Trescribe	20,000	ctary of State 5/05							
Name of Committee in Full	<u> </u>					-				
Committee to Elect James C. Ragland										
Full Name of Contributor	Registration Number,				er, if PA	С				
Sandra K. Ragland										
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
3631 Florian Drive	Retired						Check			
City	Sta	ite	Zip Code	M	D	Y	Amount			
Columbus	101	Н	43219	0 9	018	1   1		1,000.00		
Full Name of Contributor				Registrat	ion Numl	ber, if PA	С			
Robert Chilton										
Street Address	Employe	Employer/Occupation/Labor Organization*			<u> </u>		Form (Cash, Check, etc.)			
1003 Cloverly Drive	Imp	Impact Community Action			n/CEO			Check		
City	Sta		Zip Code	М	D	Y	Amount			
Gahanna	101	Н	43230	0 9	2 3	1   1		100.00		
Full Name of Contributor		Registration Number, if P				C				
Rodney Washington										
Street Address	Employe	г/Оссира	tion/Labor Organization*	_			Form (Cash, Cl	neck, etc.)		
P. O. Box 63	LIBS	UBS/Investment Manager						Check		
City		ite	Zip Code	М	D	Y	Amount			
New Albany	101	Н	43054	0 9	2 2	1   1		100.00		
Full Name of Contributor			10001		tion Num	ber, if PA	C.	100.00		
Mekelle Armstrong-Bly										
Street Address	Employe	г/Оссира	ntion/Labor Organization*				Form (Cash, Ch	neck, etc.)		
163 Leasure Drive	[ ]		Ü				Cash	·		
City	Sti	ate	Zip Code	М	D	Y	Amount			
Pickerington		Н	43147	0 9	l .	1   1		30.00		
Full Name of Contributor	10		1011			her, if PA	vC	00.00		
Full Name of Contributor  Lisa Dalton-Robinson										
Street Address	Employe	r/Occup:	ntion/Labor Organization*	<u> </u>		•	Form (Cash. Cl	heck, etc.)		
1079 Oxfordshire Drive	Cinque	С ссорс					Cash	,		
City	St	ate	Zip Code	М	D	Y	Amount			
Columbus	O	H	43228	0 9	1 .	1 1 1	intount	60.00		
Full Name of Contributor					tion Num	her if PA	·C	00.00		
Contributions from Form No. 31-E				l registra		oc., 11 1 1				
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Cl	heck. etc.)		
Succe Fidules	Employer/Occupation Labor Organization						Check			
City	St	ate	Zip Code	М	D	Y	Amount			
	3.		Zap code	0 9	2 1	111		965.00		
Full Name of Contributor	_L				tion Num	1 1 1	\C	700.00		
1				, and a second						
Contributions from Form No. 31-E  Street Address   Employer/Occupation/Labor Organization*   Form (Cash, Check, etc.)										
Street Progress	Employer/Occupation/Labor Organization*						Cash/Check			
City	- SI	ate	Zip Code	М	D	Y	Amount	LIECK		
City		l I	Zip code	$\begin{vmatrix} 1 \\ 1 \end{vmatrix} 0$			, iniodin	185.00		
Full Name of Contributor		<u> </u>					\C ···	103.00		
Full Name of Contributor Registration Number, if PAC										
Street Address	Employer/Occupation/Labor Organization*					Form (Cash C	heck etc.)			
Succe Addition					Form (Cash, Check, etc.)					
City		ate	Zip Code	М	D	Y	Amount			
City	30	aiد 	Zip Code	1	'	<b>'</b> 1	ranoun			
L		l	1							

<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)]