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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	Registration Number, if				ber, if P.	AC .	,	
Cathy Tatum			1					
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
'4409 Gary Way	OSU	OSU				Credit		
City	State	Zip Code	M	D	Y	Amount		
Hilliard	ОН	43036	0 2	019	1 5	,	200.00	
Full Name of Contributor	<u>.</u>				ber, if P.	AC .		
Alan Jefferson								
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
400 S. Wavne Avenue						Credit		
City	State	Zip Code	М	Ð	Y	Amount		
Columbus	он	1 '	0 2	0 9	I		20.00	
Full Name of Contributor	0 11	13201			ber, if PA	\C	20.00	
Deborah R. Pickens			I Constitution		, H 12			
Street Address	Employer/Ores	nation(Labor Organization*				For (Cash Ch	aal: ata \	
	· ·	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
6831 Scioto Chase Boulevard	State	Eaton			ΙΥ	Credit		
		Zip Code	M	D		Amount	1 500 00	
Powell Full Name of Contributor	O H	43065	0 2	1 0			1,500.00	
			Registrat	on Num	ber, if PA	KC .		
David Clark								
Street Address	1 1 1	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
299 Sheldon Avenue		Teacher				Credit		
City	State	Zip Code	M	D	Y	Amount		
Columbus	O H	43207	0 2	1 3	1 5		25.00	
			Registrat	ion Num	ber, if PA	VC .		
Gregory Lee								
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
						Credit		
City	State	Zip Code	M	D	Y	Amount		
Columbus	0 H	43219	0 2	1 7	1 5		100.00	
Full Name of Contributor		<u> </u>	Registrat	ion Num	ber, if PA	NC .		
Geoff Betts								
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, Check, et			
5090 Dogwood Trail	Teacher	Teacher				Credit		
City	State	Zip Code	М	D	Y	Amount		
Lindhurst	ОН	44124	012	117	1 5	İ	50.00	
Full Name of Contributor	i	1			ber, if P.			
Kenneth Kozek			1					
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Ch	eck etc.)	
6152 Parkview Crossing	1 '- '	1 2				Credit		
City Clossing	State	Grange State Zip Code			ΙΥ	Amount		
l *	O H	'	$\begin{bmatrix} M \\ 0 \end{bmatrix} 2$	D 110	1 5	, iliyali	500.00	
Columbus Full Name of Contributor	0 11	43213			ber, if PA	l C	300.00	
			incgistrati	Jon Mull	, II <i>i F</i>			
Anthony Redic	r_i_o	assigned above Orii*				Form (Cash Ch	ank arn \	
Street Address	1	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
6328 Blue Heron Lane		Self Employed			1 17	Credit		
City	State	Zip Code	M	D	Y	Amount	200.00	
Columbus	OH	43230	[0]2	1 8	1 5		200.00	

Page Total \$ 2,595.00

[•] 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)]