31-A
R.C. 3517.10

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 PAC**	
Jerome Demmings							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
334 Parrott Court	Dayton Senior Care						Credit
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Fairborn	O | H	45324	0 3	1 2	1 5		500.00
Full Name of Contributor						**Registration Number, if PAC**	
Wendell Scott							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2546 Sonata Drive	Retired						Credit
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	O | H	43209	0 3	1 2	1 5		200.00
Full Name of Contributor						**Registration Number, if PAC**	
Chester Cristie							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1344 Eldorn Drive	Retired						Credit
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	O | H	43207	0 3	1 2	1 5		200.00
Full Name of Contributor						**Registration Number, if PAC**	
Patricia Jackson							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
930 Lancia Lane	National Eligibility Solutions						Credit
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Galloway	O | H	43119	0 3	1 0	1 5		50.00
Full Name of Contributor						**Registration Number, if PAC**	
Sandra Ragland							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
3681 Florian Drive	Retired						Credit
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	O | H	43219	0 3	0 9	1 5		100.00
Full Name of Contributor						**Registration Number, if PAC**	
Travis Laird							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
6405 Sharon Road	Baltimore City Schools						Credit
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Idlewylde	M | D	21239	0 3	0 7	1 5		50.00
Full Name of Contributor						**Registration Number, if PAC**	
Susan K. Wilson							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
3901 East Livingston Avenue	Self-Employed / Dentist						Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	O | H	43227	0 4	0 7	1 5		250.00
Full Name of Contributor						**Registration Number, if PAC**	
Jacinto W. Beard							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
4536 Karl Road	Self-Employed / Dentist						Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	O | H	43224	0 4	0 7	1 5		500.00

* 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)]

Page Total $ 1,850.00