

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 Galen Robinson					Registration Number, if PAC		
Street Address 1079 Oxfordshire Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43228	M 0	D 9	Y 2	Y 2	Amount 40.00
Full Name of Contributor Ryan Johnson					Registration Number, if PAC		
Street Address 2651 Lindora Place		Employer/Occupation/Labor Organization* Columbus Public Health/Director			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43232	M 0	D 9	Y 2	Y 2	Amount 100.00
Full Name of Contributor Kedada Bethel					Registration Number, if PAC		
Street Address 5632 Farms Drive		Employer/Occupation/Labor Organization* Battelle / Accountant			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43213	M 0	D 9	Y 2	Y 2	Amount 40.00
Full Name of Contributor Kenneth Strong					Registration Number, if PAC		
Street Address 4196 Riverside Drive		Employer/Occupation/Labor Organization* Central Ohio Alzheimer Assoc / CEO			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0	D 9	Y 2	Y 6	Amount 100.00
Full Name of Contributor Gail Thomas					Registration Number, if PAC		
Street Address 1406 Sherbrooke Place		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 0	D 9	Y 2	Y 9	Amount 50.00
Full Name of Contributor Margaret Livisay					Registration Number, if PAC		
Street Address 2838 Columbus Avenue		Employer/Occupation/Labor Organization* Gittes Law Group / Office Manager			Form (Cash, Check, etc.) Check		
City Bexley	State O H	Zip Code 43209	M 0	D 9	Y 2	Y 9	Amount 30.00
Full Name of Contributor Jonathan McReynolds					Registration Number, if PAC		
Street Address P. O. Box 282028		Employer/Occupation/Labor Organization* Oakley Baptist Church/Pastor			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43228	M 1	D 0	Y 0	Y 3	Amount 25.00
Full Name of Contributor Edward Efsic					Registration Number, if PAC		
Street Address 2032 Indianola Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43201	M 1	D 0	Y 0	Y 2	Amount 30.00

* 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)]