

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 Michael Palmer						Registration Number, if PAC			
Street Address 1404 Carey Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit		
City Akron	State O H	Zip Code 44314	M 0	D 2	Y 2	Amount 100.00			
Full Name of Contributor Stacey Poole						Registration Number, if PAC			
Street Address 1245 Eagle View Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit		
City Columbus	State O H	Zip Code 43228	M 0	D 2	Y 2	Amount 20.00			
Full Name of Contributor Brenda Rhynehardt						Registration Number, if PAC			
Street Address 736 Wiltshire Avenue			Employer/Occupation/Labor Organization* CitiBank				Form (Cash, Check, etc.) Credit		
City Columbus	State O H	Zip Code 43204	M 0	D 2	Y 2	Amount 50.00			
Full Name of Contributor Donald Burton						Registration Number, if PAC			
Street Address 6764 Coronao Crest			Employer/Occupation/Labor Organization* Self-Employed				Form (Cash, Check, etc.) Credit		
City Las Vegas	State N V	Zip Code 89139	M 0	D 3	Y 0	Amount 2,000.00			
Full Name of Contributor Evelyn Sabino						Registration Number, if PAC			
Street Address 5470 Riverbrook Ddrive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit		
City Columbus	State O H	Zip Code 43221	M 0	D 2	Y 6	Amount 150.00			
Full Name of Contributor Linda Wilson						Registration Number, if PAC			
Street Address 5 Round Hill Court			Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) Credit		
City Greensboro	State N C	Zip Code 27408	M 0	D 2	Y 6	Amount 50.00			
Full Name of Contributor Chantell Ragland						Registration Number, if PAC			
Street Address 2828 Hillstone Street			Employer/Occupation/Labor Organization* Huntington Bank				Form (Cash, Check, etc.) Credit		
City Columbus	State O H	Zip Code 43219	M 0	D 2	Y 7	Amount 25.00			
Full Name of Contributor Traci Lukemire						Registration Number, if PAC			
Street Address 3029 Blue Ridge Road			Employer/Occupation/Labor Organization* Anheuser Busch				Form (Cash, Check, etc.) Credit		
City Columbus	State O H	Zip Code 43219	M 0	D 2	Y 8	Amount 100.00			

* 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 \$ 2,495.00