Page 4

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full					-			_	
Committee-to-Elect James C. Ragland				TD enictre	e as Van	ifD			
Name of Contributor Registration Numb Anita Rios					noct, u rz	AC.			
Street Address	Famlos	/Occum	erice // abor Organization*				Form (Cash, Che	!: ata \	
2626 Robinwood Avenue	Limpics	Employer/Occupation/Labor Organization*							
Civ Z020 ROBINWOOD AVENUE	 	tate	Zip Code	ТМ	l D	ΙΥ	Check		
Toledo	l o'	H	43610	1		1 5	Amount	50.00	
Full Name of Contributor		1 11	45010			nber, if P	ir .	30.00	
Michael Sullivan									
Street Address	Employ	ет/Оссир	ation/Labor Organization*	<u> </u>		_	Form (Cash, Check, etc.)		
1989 West Fifth Avenue	' '	Employer occupation cases organization			Check				
City	s	tate	Zip Code	М	D	Y	Amount		
Columbus	10	ΙH	43212	0 4	119	115		500.00	
Full Name of Contributor		Registration Number, if PAC					AC	300.00	
Rose Brown									
Street Address	Employ	er/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
71 Schultz Avenue	Rei	ired					Check		
City		tate	Zip Code	M	D	Y	Amount	•	
Columbus	0	H	43222	014	2 3	1 5		50.00	
Full Name of Contributor			<u> </u>	_		ber, if P	IC .		
Dan Moncrieff III									
Street Address	Employ	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)							
1324 East 18th Avenue	Sel	Self Employed/McDaniels Construction				Check			
City	_	tate	Zip Code	M	D	Y	Amount		
Columbus		H	43211	0 4	1 9	1 5		2,500.00	
Registration Number, if PAC									
Derrick Clay/New Visions Group LLC									
Street Address	Employ	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
33 North Third Street, Suite 400	Sel	f Emp	oloyed				Check		
City	Si	ate	Zip Code	М	D	Y	Amount		
Columbus	0	<u> H</u>	43215	0 4	1 9	1 5		150.00	
	Name of Contributor Registration Number, if PAC								
Renny Tyson									
Street Address		Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
1465 E. Broad Street		Self Employed					Check		
City	_ I		Zip Code	M	D .	Y	Amount		
Columbus	ŢO	Н	43205			1 5		250.00	
Full Name of Contributor				Registra	tion Num	iber, if PA	ıc .		
Mark Brown									
Street Address	Employ	Employer/Occupation/Labor Organization*				Form (Cash, Che	ck, etc.)		
88 Handford Street	 		Ta: 0 1	1			Check		
City	1 _	ate I тт	Zip Code	M .	D al.	Y	Amount	05.00	
Columbus Full Name of Contributor	0	Н	43205	0 4	2 4	1 5	C	25.00	
Andre Harper eet Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						ali ata l			
5732 Rocky Shore Drive	Liapioye	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City		ate	Zip Code	М	D	Y	Debit	-	
Lewis Center	l o"		43035			I . I	. Shown	20.00	
DEM D CEITIEI	\perp	1 11	T 7000	0 4	[4] [1 5		20.00	

Page Total S	3,545.00
_	

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)]