

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 Anita Rios					Registration Number, if PAC		
Street Address 2626 Robinwood Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Toledo	State O H	Zip Code 43610	M 0	D 4	Y 1 9 1 5	Amount 50.00	
Full Name of Contributor Michael Sullivan					Registration Number, if PAC		
Street Address 1989 West Fifth Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 0	D 4	Y 1 9 1 5	Amount 500.00	
Full Name of Contributor Rose Brown					Registration Number, if PAC		
Street Address 71 Schultz Avenue		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43222	M 0	D 4	Y 2 3 1 5	Amount 50.00	
Full Name of Contributor Dan Moncrieff III					Registration Number, if PAC		
Street Address 1324 East 18th Avenue		Employer/Occupation/Labor Organization* Self Employed/McDaniels Construction			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43211	M 0	D 4	Y 1 9 1 5	Amount 2,500.00	
Full Name of Contributor Derrick Clay/New Visions Group LLC					Registration Number, if PAC		
Street Address 33 North Third Street, Suite 400		Employer/Occupation/Labor Organization* Self Employed			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 4	Y 1 9 1 5	Amount 150.00	
Full Name of Contributor Renny Tyson					Registration Number, if PAC		
Street Address 1465 E. Broad Street		Employer/Occupation/Labor Organization* Self Employed			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43205	M 0	D 4	Y 2 4 1 5	Amount 250.00	
Full Name of Contributor Mark Brown					Registration Number, if PAC		
Street Address 88 Handford Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43205	M 0	D 4	Y 2 4 1 5	Amount 25.00	
Full Name of Contributor Andre Harper					Registration Number, if PAC		
Street Address 5732 Rocky Shore Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Debit		
City Lewis Center	State O H	Zip Code 43035	M 0	D 4	Y 2 1 1 5	Amount 20.00	

* 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 \$ 3,545.00