Page	1

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Committee to Elect James C. Ragland							
Full Name	 -		10	7- 37	1		
Radio One			Registration Number, if PAC				
Address	Type		М	TD	Y	Amount	
350 East 1st Avenue	RIE	:		013			
City	State	Zip Code		ash,Chec		20.00	
Columbus	O H	43201	ŀ	28156	57		
Full Name			Registration Number, if PAC				
Address	Type*		. M	D	Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name	<u> </u>	<u> </u>	Registra	Registration Number, if PAC			
Address	Type*		М	D	Y	Amount	
			<u>.</u>		1 1	1	
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
Full Name	<u> </u>		Registra	tion Nun	her if P	PAC	
			1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			AC	
Address	Type		M	D	Y	Amount	
			1	1 1			
City	State	Zip Code	Form(Ca	ash Chec	k,etc)		
Full Name	<u> </u>	<u> </u>	Registra	tion Num	ber, if P	'AC	
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(Ca	sh,Checl	cetc)		
		'		-	,,		
ult Name			Registration Number, if PAC				
		_					
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(Ca	ish,Check	(etc)		
ull Name			Registration Number, if PAC				
an reality			Registration Number, a FAC				
Address	Type		М	D	Y	Amount	
			1		1		
City	State	Zip Code	Form(Cash,Check,ete)				
ull Name		Registration Number, if PAC					
			ŀ				
Address	Type"		М	D	Y 	Amount	
City.	State	Zip Code	Form(Ca	sh,Check	(etc)		
	<u> </u>	<u> </u>	1				

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ _____15.00_

^{*} Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee.