

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Elect James C. Ragland							
Full Name Radio One				Registration Number, if PAC			
Address 350 East 1st Avenue		Type* R E			M 0	D 6	Y 15
City Columbus		State O H	Zip Code 43201	Form(Cash,Check,etc) 281567		Amount 15.00	
Full Name				Registration Number, if PAC			
Address		Type*			M	D	Y
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*			M	D	Y
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*			M	D	Y
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*			M	D	Y
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*			M	D	Y
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*			M	D	Y
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*			M	D	Y
City		State	Zip Code	Form(Cash,Check,etc)			

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