Statement of Contributions Received

Prescribed by Secretary of State 3/05

	, 103011000 04 00	cretary of State 5705		••				
Name of Committee in Full								
Committee to Elect James C. Ragland						-		
Full Name of Contributor				Registration Number, if PAC				
LaToya Henderson								
Street Address	Employer/Occup				Form (Cash, Check, etc.)			
5016 Hickory Grove Circle						Check		
City	State	Zip Code	M	D	Y	Amount		
Groveport	O H	43125	1 0	2 5	1 1		25.00	
Full Name of Contributor		•	Registra	tion Num	ber, if PA	رC		
Frederick Scott								
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Che	ck. etc.)	
9400 East 37th Terrace Ct S Apt 911						Check		
City	State	Zip Code	М	D	Y	Amount		
Independence	M + O	64057	$1 \mid 1$	0 6	1 1		50.00	
Full Name of Contributor					iber, if PA	\C		
Alonzo Lipscomb								
Street Address	Employer/Occup				Form (Cash, Check, etc.)			
2981 Wicklow Road	,				Check			
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43204	111	0 6			25.00	
Full Name of Contributor	10 11	10201			tber, if P	VC.	20.00	
Tall Palle of Contributor			108,111					
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Che	ck etc.)	
SHEET Address	Employenoccu	putton organization				om (cush, che	cic cic.,	
City	State	Zip Code	М	D	Y	Amount		
City	June	Zip code	'"		1 1	7 Linouiti		
Full Name of Contributor		<u> </u>	Pagietr	ation Nur	ber, if PA	VC		
run Name of Contributor			Registra	inon isun	ioei, ii i r	ic .		
Street Address	Employer/Occup				Form (Cash, Che	ek ete \		
Sheet Address	Employer/Occup				roini (Casii, Ciic	ck, ckc.)		
c	Chara	Zip Code	М	D	Y	Amount		
City	State	Zip Code	I MI	١ ٦	I	Altiount		
73 W.M			D = -i-t-) : N.T	-bif D			
Full Name of Contributor			Registra	ation Nun	nber, if PA	AC.		
0	F 1 10					Francis Charles Char	-l \	
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Che	ck, etc.)	
			1 52	T 5	1 1/			
City	State	Zip Code	M	D	Y	Amount		
				<u> </u>				
Full Name of Contributor			Registra	ation Nun	nber, if Pa	AC		
Street Address	Employer/Occu				Form (Cash, Che	ck, etc.)		
City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor			Registr	ation Nun	nber, if Pa	AC		
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount		
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^{*} 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)]