

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee to Elect James C. Ragland</b>							
Full Name of Contributor <b>LaToya Henderson</b>					Registration Number, if PAC		
Street Address <b>5016 Hickory Grove Circle</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Groveport</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43125</b>	M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Frederick Scott</b>					Registration Number, if PAC		
Street Address <b>9400 East 37th Terrace Ct S Apt 911</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Independence</b>	State <b>M</b>	O <b>O</b>	Zip Code <b>64057</b>	M <b>1</b>	D <b>1</b>	Y <b>0</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Alonzo Lipscomb</b>					Registration Number, if PAC		
Street Address <b>2981 Wicklow Road</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43204</b>	M <b>1</b>	D <b>1</b>	Y <b>0</b>	Amount <b>25.00</b>
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State		Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State		Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State		Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State		Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State		Zip Code	M	D	Y	Amount

\* 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)]