

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect James C. Ragland				
Full Name of Contributor Regina R. Harper		Employer, Occupation, Labor Organization * IPMorgan Chase		Registration Number, if PAC
Street Address 3370 McCutcheon Crossing Drive		Description of Item or Service Food - Election Night Party		M D Y Fair Market Value 0 5 0 5 1 5 250.00
City Columbus		State O H	Zip Code 43219	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Deborah R. Pickens		Employer, Occupation, Labor Organization * Eaton		Registration Number, if PAC
Street Address 6831 Scioto Chase Boulevard		Description of Item or Service Decorations - Election Night Pa		M D Y Fair Market Value 0 5 0 5 1 5 50.00
City Powell		State O H	Zip Code 43065	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Contributions Received at Fundraising E		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service Food		M D Y Fair Market Value 0 5 0 2 1 5 175.00
City		State	Zip Code	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

* 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)]