

# In-Kind 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>Deborah R. Pickens</b>	Employer, Occupation, Labor Organization * <b>Corporation/Purchasing Executive</b>	Registration Number, if PAC	
Street Address <b>6831 Scioto Chase Boulevard</b>	Description of Item or Service <b>Key Blue Prints</b>	M   D   Y <b>0   9   1   6   1   1</b>	Fair Market Value <b>277.54</b>
City <b>Powell</b>	State   Zip Code <b>O   H   43065</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor <b>Tei Street</b>	Employer, Occupation, Labor Organization * <b>Self Employed</b>	Registration Number, if PAC	
Street Address <b>187 N Garfield Avenue</b>	Description of Item or Service <b>Appetizers</b>	M   D   Y <b>0   9   2   1   1   1</b>	Fair Market Value <b>300.00</b>
City <b>Columbus</b>	State   Zip Code <b>O   H   43203</b>	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	
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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)]