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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

N		7772						
Name of Committee in Full Committee to Elect James C. Ragla	nd							
Full Name of Contributor		pation Labor Organization *	Registra	tion Num	her if PA	·C		
Deborah R. Pickens	Employer. Occupation. Labor Organization * Corporation/Purchasing Ex			Registration Number, if PAC				
Street Address	Description of Item or Service			D	Y	Fair Market Value		
	•			1			277.54	
6831 Scioto Chase Boulevard	Key Blue Prints State Zip Code			0 9 1 6 1 1 277.54 Received at Fundraising Event?				
City Powell	ОН	43065		u at rund YES	raising E	Vent? ✓ NO		
Full Name of Centributor	Employer, Occu	Registration Number, if PAC						
Tei Street	_Self Employed			<u> </u>				
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
187 N Garfield Avenue	Appetizers		019	2 1	1 1	1.	300.00	
City	State	Zip Code			raising E	vent?		
Columbus	$O \mid H$	43203	.	YES		_ NO		
Full Name of Contributor	Employer, Occu	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	Receive	d at Fund	raising E	vent?		
cay	J	Zip Code	Receive	YES	naising L	No		
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registration Number, if PAC					
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
					<u> </u>			
City	State	Zip Code	Receive	-	Iraising E			
		<u> </u>		YES		∐ NO		
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	ition Nun	iber, if P	AC		
Street Address	Description of Item or Service		M	D 	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund	Iraising E	vent?		
J,	1			YES		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		
		7:- 0-1	D	1 - 1	1			
City	State	Zip Code	Receive	YES	lraising E	vent? NO		
Taill Name of Contributor	Employer Occupation Labor Organization *							
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	Receive	d at Fund	traising E	vent?	_	
,				YES		NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
		<u> </u>	_ _!_	1	يلبل	1		
City	State	Zip Code	Receive	ed at Fund YES	iraising E	vent?		

^{*} 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)]