31-J-1 R.C. 3517.10

## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full			<del></del>		· · · · · · · · · · · · · · · · · · ·			
Committee to Elect James C. Ragland								
Full Name of Contributor Al Wilkins	Grapl	Registration Number, if PAC						
Street Address	Description of I	М	D	Ϋ́	Fair Market Value			
P. O. Box 248	Pencils		1 2	1	1	223.00		
City	State	Received at Fundraising Event?						
Groveport	$O \mid H$	Zip Code 43125		YES		✓ NO		
Full Name of Contributor	Employer, Occu	Registration Number, if PAC						
Street Address	Description of I	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Received at Fundraising Event?					
5.11	F 1 0			YES	h :6 D	∐NO		
Full Name of Contributor	Employer, Occi	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		d at Fund	raising E	vent?		
Full Name of Contributor	Employer, Occi	Lupation, Labor Organization *	Registration Number, if PAC					
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
City	State	Zip Code		d at Fund YES	raising E	vent?		
Full Name of Contributor	Employer, Occi	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	ivent?		
				YES		∐NO		
Full Name of Contributor	Employer, Occ	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?		
Full Name of Contributor	Employer, Occ	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?  YES NO					
Full Name of Contributor	Employer, Occ	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Street Address	Description of	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund	Iraising F	Event?		

<sup>\*</sup> 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)]