Page _	1

## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full		-			-					
Committee to Elect James C. Ragland	Ta .									
	Employe	Employer, Occupation, Labor Organization *			Registration Number, if PAC					
Regina R. Harper	<u> </u>	JPMorgan Chase					_			
Street Address		Description of Item or Service			D	Y	Fair Market Value	:		
3370 McCutcheon Crossing Drive	Food	Food - Election Night Party			015	115		250.00		
City		State Zip Code			at Fundi					
Columbus		l H	43219		YES	-	✓ No			
Full Name of Contributor	Employe	Employer, Occupation, Labor Organization				Registration Number, if PAC				
Deborah R. Pickens	1 ' '	Eaton			• • • • • • • • • • • • • • • • • • • •					
Street Address	Descrint	Description of Item or Service			D	Y	Fair Market Value			
6831 Scioto Chase Boulevard	4				1		1			
City		ecorations - Election Night Pa						50.00		
1 .	50		Zip Code		at Funda	aising Ev	_			
Powell	0	Н	43065	_	YES		<b>☑</b> ½0			
Full Name of Contributor		r, Occupa	ation, Labor Organization *	Registration Number, if PAC						
Contributions Received at Fundraising E	<u> </u>									
Street Address	Descripti	ion of Ite	m or Service	М	D	Y	Fair Market Value	;		
			Food	015	012	1   5	į	175.00		
City	St	ate	Zip Code		at Fundr			170.00		
		ł			YES		□ NO			
Full Name of Contributor	Employe	r Occurs	ation I abor Organization *		ion Numl	er if DA				
7 57 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Limploye	Employer, Occupation, Labor Organization *				æi, ii FA	ic.			
Street Address	D		М			T <del></del>				
Succes Address	Descripti	Description of Item or Service			Ð	Y	Fair Market Value	;		
			·			Į	<u> </u>			
City	St	ate	Zip Code		at Fundr	aising Ev	vent?			
				☐ YES ☐ NO						
Full Name of Contributor	Employe	Employer, Occupation, Labor Organization *				Registration Number, if PAC				
	1									
Street Address	Descripti	Description of Item or Service			D	Y	Fair Market Value	·		
				ŀ	1	t				
City	Sr	ate	Zip Code	Received	at Fundr	aising Fa	ent?			
	1				YES	a.re c.	□ NO			
Full Name of Contributor	El-	Employer Operation Labor Operation								
run Name of Contributor	Employe	Employer, Occupation, Labor Organization *			Registration Number, if PAC					
	<u> </u>		М				_			
Street Address	Descripti	Description of Item or Service			D	Y	Fair Market Value	:		
						J				
City	St	ate	Zip Code	Received	at Fundr	aising Ev	ent?			
	] [				YES		□ No			
Full Name of Contributor	Employe	r, Occupa	ation, Labor Organization *	Registrat	ion Numl	er, if PA	ر <u>C</u>			
Street Address	Descripti	Description of Item or Service			D	Y	Fair Market Value			
	Description of Rent of Service			M	ī	i				
City	5.	ate	Zip Code	Parainai	at Fundr	iai T.				
cuy	1	ait	Zip Code			arents c.	_			
5 1/3 1 A A					YES NO Registration Number, if PAC					
Full Name of Contributor	Employe	Employer, Occupation, Labor Organization •			ion Numb	er, if PA	ıC			
	<u> </u>	_ <del>_</del>								
Street Address	Descripti	Description of Item or Service			D	Y	Fair Market Value			
	<u> </u>									
City	Sta	ate	Zip Code	Received	at Fundr	aising Ev	ent?			
	1				YES		□ NO			

<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)]