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In-Kind Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full	· · · · · · · · · · · · · · · · · · ·		
Support LaCorte for Mayor			
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Ripple Effect Investment Strategies, LLC	Business/ Financial Advice		
Street Address	Description of Item or Service	M D Y Fair Market Value	
8405 Pulsar Place, Ste 125	Election Night Party	1 1 0 3 1 5 \$552.86	
City	Stal te Zip Code	Received at Fundraising Event?	
Columbus	OH 43240	O YES O 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	Stal te Zip Code	Received at Fundraising Event? O YES O NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
. tall tall of controlled	Employer, Occupation, Latert Organization	Registration Number, II FAC	
Street Address	Description of Item or Service	M D Y Fair Market Value	
City	State Zip Code	Received at Fundraising Event?	
	OH	OYES O 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	Stal te Zip Code OH	Received at Fundraising Event? OYES O 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	Stal te Zip Code	Received at Fundraising Event?	
	OH _.	O YES O 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·	Stal te Zip Code OH	Received at Fundraising Event? O YES O 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 OH	Received at Fundraising Event? OYES ONO	
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	Staf te Zip Code	Received at Fundraising Event? OYES O NO	

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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 also appear. [R.C. 3517.10(B)(4)]