In-Kind Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full	<u></u>	· ·		
Yes on Issue 24 Committee				
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
	Employer, occupation, East, Organization		N/A	
Lane Avenue Redevelopment, LLC	Description of Ite	om or Service	M:	D Y _I Fair Market Value
Street Address	Description of Item or Service Political Consulting			
555 Metro Place North, Suite 600	and Mai	ling.		0 5 1 2 \$8,140.00
City	Sta te	Zip Code	Received a	at Fundraising Event?
Dublin	Ohio	43017	☐ YES	⊠ NO
Full Name of Contributor	Employer, Occu	pation, Labor Organization*	Registratio	on Number, if PAC
Street Address	Description of Item or Service		M: 1	D. Yı Fair Market Value
Silver Address	Description of the			
City	Sta te	Zip Code		at Fundraising Event?
			☐ YES	□ NO
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address	Description of lte	em or Service	M _i	D Y Fair Market Value
City	Sta te	Zip Code	Received	at Fundraising Event?
		<u> </u>	☐ YES	□ NO
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration	on Number, if PAC
Street Address	Description of It	em or Service	М	D Y Fair Market Value
City	Sta te	Zip Code	Received	at Fundraising Event?
			☐ 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
City	Sta te	Zip Code	Received	at Fundraising Event?
			☐ YES ☐ NO	
Full Name of Contributor	Employer, Occupation. Labor Organization*		Registration Number, if PAC	
Tan Pane of Controllor				
Street Address	Description of Item or Service		M;	D Y Fair Market Value
City	Sta te	Zip Code	Received	at Fundraising Event?
l [*]			☐ YES ☐ NO	
Full Name of Contributor	Employer, Occupation. Labor Organization*		Registration Number, if PAC	
Street Address	Description of Item or Service		M _i	D Y Fair Market Value
City	Sta te	Zip Code	Received	at Fundraising Event?
			□ YES □ NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number. if PAC	
A W. France of Construct.				
Street Address	Description of Item or Service		M	D Y Fair Market Value
ĺ			_	
City	Sta te	Zip Code	Received	at Fundraising Event?
			□ YES	s 🗆 NO

Page Total \$ 8,140.00

^{*} 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)]