## **In-Kind Contributions Received**

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Prescribed by Secretary of State 03/05

N. C. C. C. C. D. D.				
Name of Committee in Full Yes on Issue 24 Committee				
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Lane Avenue Redevelopment, LLC	employer, occupanton, Labor Organization		N/A	
Street Address	Description of Ite	em or Service cal Consulting	M D Y Fair Market Value	
555 Metro Place North, Suite 600	Politic and Mai		0 9 2 5 1 2 \$20,000	
City	Sta te	Zip Code	Received at Fundraising Event?	
Dublin	Ohio	43017	□ YES ¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬	
Full Name of Contributor	Employer, Occur	pation, 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	
Street Address	Description of Ite	em or Service	M D Y Fair Market Value	
City	Sta te	Zip Code	Received at Fundraising Event?	
			□ YES □ NO	
Full Name of Contributor	Employer, Occu	pation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Ite	em or Service	M D Y Fair Market Value	
City	Sta te	Zip Code	Received at Fundraising Event?	
			☐ YES ☐ NO	
Full Name of Contributor	Employer, Occu	pation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Ite	em 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	
Street Address	Description of Ite	em or Service	M D Y Fair Market Value	
, and the same of		1-1		
City	Sta te	Zip Code	Received at Fundraising Event?	
			\□ YES □ NO	
Full Name of Contributor	Employer, Occu	pation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service		Mi D Y Fair Market Value	
<u></u>	6	7:- 0-4-	Passival or Fundación Fuant?	
City	Sta te	Zip Code	Received at Fundraising Event?	
Full Name of Contributor	Final control of the Opening is		YES	
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, II FAC	
Street Address	Description of Item or Service		M D Y Fair Market Value	
Succi radicis	Description of the			
City	Sta te	Zip Code	Received at Fundraising Event?	
,			•	
Ī	1	i i	│□ YES □ NO	

Page Total \$ 20,000

<sup>\*</sup> 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)]