

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>SUPPORT LACORTE FOR MAYOR CAMPAIGN</b>							
Full Name of Contributor <b>CRYSTAL PARISH</b>					Registration Number, if PAC		
Street Address <b>6753 SUNNYDALE DRIVE</b>		Employer/Occupation/Labor Organization* <b>NURSE OSU</b>			Form (Cash, Check, etc.) <b>CASH</b>		
City <b>WESTERVILLE</b>	State <b>OH</b>	Zip Code <b>43082</b>	M <b>0</b>	D <b>6</b>	Y <b>1</b>	Amount <b>\$100.00</b>	
Full Name of Contributor <b>SARAH PHILLIPS</b>					Registration Number, if PAC		
Street Address <b>353 KUNANALU PLACE</b>		Employer/Occupation/Labor Organization* <b>INDIVIDUAL</b>			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>HONOLULU</b>	State <b>HI</b>	Zip Code <b>43213</b>	M <b>0</b>	D <b>6</b>	Y <b>1</b>	Amount <b>\$250.00</b>	
Full Name of Contributor <b>ROGER STAHLEY</b>					Registration Number, if PAC		
Street Address <b>2221 MEADOWLARK LANE E</b>		Employer/Occupation/Labor Organization* <b>INDIVIDUAL</b>			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>REYNOLDSBURG</b>	State <b>OH</b>	Zip Code <b>43068</b>	M <b>0</b>	D <b>5</b>	Y <b>2</b>	Amount <b>\$50.00</b>	
Full Name of Contributor <b>TIM H COOPER</b>					Registration Number, if PAC		
Street Address <b>884 COUNTY LINE ROAD</b>		Employer/Occupation/Labor Organization* <b>SELF/ FINANCIAL ADVISOR</b>			Form (Cash, Check, etc.) <b>CASH</b>		
City <b>WESTERVILLE</b>	State <b>OH</b>	Zip Code <b>43082</b>	M <b>0</b>	D <b>6</b>	Y <b>1</b>	Amount <b>\$100.00</b>	
Full Name of Contributor <b>PAMELA ELLIOTT</b>					Registration Number, if PAC		
Street Address <b>1811 QUARRY RIDGE DRIVE</b>		Employer/Occupation/Labor Organization* <b>SELF/ ELLIOTT BACK OFFICE SUPPORT</b>			Form (Cash, Check, etc.) <b>PAYPAL</b>		
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43232</b>	M <b>0</b>	D <b>6</b>	Y <b>2</b>	Amount <b>\$20.00</b>	
Full Name of Contributor <b>ANGELIQUE CALDWELL</b>					Registration Number, if PAC		
Street Address <b>1578 WINSLOW COURT</b>		Employer/Occupation/Labor Organization* <b>AC CONTAINER TRUCK DRIVER</b>			Form (Cash, Check, etc.) <b>CASH</b>		
City <b>LEWIS CENTER</b>	State <b>OH</b>	Zip Code <b>43035</b>	M <b>0</b>	D <b>6</b>	Y <b>2</b>	Amount <b>\$100.00</b>	
Full Name of Contributor <b>SCOTT LACORTE</b>					Registration Number, if PAC		
Street Address <b>4151 WRIGHT PARK</b>		Employer/Occupation/Labor Organization* <b>INDIVIDUAL</b>			Form (Cash, Check, etc.) <b>CASH</b>		
City <b>WHITEHALL</b>	State <b>OH</b>	Zip Code <b>43213</b>	M <b>0</b>	D <b>8</b>	Y <b>0</b>	Amount <b>\$100.00</b>	
Full Name of Contributor <b>DONATION LEFT AT THE HOUSE ANOYOMOUS DONOR</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CASH</b>		
City	State	Zip Code	M <b>0</b>	D <b>8</b>	Y <b>0</b>	Amount <b>\$100.00</b>	

\* 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 also appear. [R.C. 3517.10(B)(4)]