

Statement of Contributions Received

Prescribed by Secretary of State 3/05

4/8/09

Name of Committee in Full Support LaCorte Campaign							
Full Name of Contributor Tim Cooper					Registration Number, if PAC		
Street Address 884 County Line Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State OH	Zip Code 43081	M 09	D 07	Y 09	Amount 250.00	
Full Name of Contributor Roberta LaCorte					Registration Number, if PAC		
Street Address 1899 Welsh Hills		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Granville	State OH	Zip Code 43023	M 10	D 01	Y 09	Amount 125.00	
Full Name of Contributor Francis E. Cook					Registration Number, if PAC		
Street Address 3845 E. Mound St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43227	M 09	D 29	Y 09	Amount 100.00	
Full Name of Contributor Mr. & Mrs. Mike Sbrocki					Registration Number, if PAC		
Street Address 6415 Upper Lake Circle		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State OH	Zip Code 43082	M 09	D 12	Y 09	Amount 50.00	
Full Name of Contributor Mr. Paul Snyder					Registration Number, if PAC		
Street Address 756 Talcon Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Worthington	State OH	Zip Code 43	M 09	D 23	Y 09	Amount 50.00	
Full Name of Contributor Heidi Mason					Registration Number, if PAC		
Street Address 1947 S. Herby Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Canal Winchester	State OH	Zip Code 43110	M 09	D 10	Y 09	Amount 50.00	
Full Name of Contributor Sacqui Ashton					Registration Number, if PAC		
Street Address 3895 Henderson Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43220	M 09	D 20	Y 09	Amount 50.00	
Full Name of Contributor Mr. Carl LaCorte					Registration Number, if PAC		
Street Address 1748 Alpine Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43229	M 09	D 11	Y 09	Amount 25.00	

* 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)]

700.00