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Statement of Contributions Received

Prescribed by Secretary of State 3/05

111	-/
4/	8/4

None of Committee in Tall			Wante and the same of the same		, ,			
Name of Committee in Full								
Support Lacorte Campo	impaign			Registration Number, if PAC				
Thy Cooper	3		Kegistratio	n Number, it Pr	AC .			
Street Address	Employer/Occup	ation/Labor Organization*	<u>.L</u>		Form (Cash, Check, etc.)			
884 County Line Rd					Chock			
City	State	Zip Code 43081	М	D Y	Amount			
westeres le	0 14	12081	and the same of th	2709	AMOUNT SO PO			
Full Name of Contributor Roberta LaConte			Registratio	n Number, if PA	AC			
Street Address 1	Employer/Occurs	ation/Labor Organization*			Form (Cash, Check, etc.)			
1899 Welsh Hills				···	Check, etc.)			
City Granville	State	Zip Code 43023	M	D Y	Amount 125 29			
Full Name of Contributor			Registration	n Number, if PA	AC			
Francis E. Cook								
3845 E. Mound St	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
Columbus	State	Zip Code	M	D Y	Amount			
Full Name of Contributor	10 K	43227	0913	1909	109.30			
Mr. & Mrs. Mike Sbrock	(Registration	n Number, if PA	AC			
Street Address	Employer/Occupa	ation/Labor Organization*			Form (Cash, Check, etc.)			
City City	State	Tio Code	132 1		Check			
Westernile	O Y	Zip Code 43082	09/	12 09	Amount 50.			
Full Name of Contributor Registration Number, if PAC Registration Number, if PAC								
Street Address	Employer/Occupa	ntion/Labor Organization*			Form (Cash, Check, etc.)			
7150 Jalcon Ct					Check			
Worthington	State	Zip Code H 3	1	D Y D 9	Amount 50 30			
Full Name of Contributor			Continue of the Control of the Contr	Number, if PA				
Street Address	T	***************************************						
1947 Sitterly Rd	Employer/Occupa	tion/Labor Organization*			Form (Cash, Check, etc.)			
Canal Windlester	State	Zip Code	M	D Y	Amount			
Full Name of Contributor	1014	43110	0911	O O G Number, if PA	50.00			
Jacqui Ashton			Kegistration	Number, if PA	C			
3895 Henderson Rd	Employer/Occupa	tion/Labor Organization*			Form (Cash, Check, etc.)			
Columbus	State O H	Zip Code ' 43220	ř	D Y	Amount 5000			
Full Name of Contributor Mr-Carl Laterte			CONTRACTOR OF THE PARTY OF THE	Number, if PA	C			
Street Address		tion/Labor Organization*	<u> </u>		Form (Cash, Check, etc.)			
1948 HANE Drive					Check			
Columbus, c	State ()	Zip Code 43229	0 9 i	D Y	Amount 00			
	and the second s			*	****			

* 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