

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full SUPPORT LACORTE FOR MAYOR CAMPAIGN					
Full Name of Contributor BONNIE WEIRICH				Registration Number, if PAC	
Street Address 7850 PALMER ROAD		Employer/Occupation/Labor Organization*		M 0	D 5
City REYNODLSBURG		State OH	Zip Code 43068	Y 0	Amount \$50.00
				Form (Cash, Check, etc.) CHECK	
Full Name of Contributor WESLEY KANTOR				Registration Number, if PAC	
Street Address 4082 ELBERN AVE		Employer/Occupation/Labor Organization*		M 0	D 5
City COLUMBUS		State OH	Zip Code 43213	Y 0	Amount \$50.00
				Form (Cash, Check, etc.) CHECK	
Full Name of Contributor RANDY EISENBURG				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M 0	D 5
City GAHANNA		State OH	Zip Code 43230	Y 0	Amount \$50.00
				Form (Cash, Check, etc.) CASH	
Full Name of Contributor DOUGLAS LACORTE				Registration Number, if PAC	
Street Address 5066 ETNA ROAD		Employer/Occupation/Labor Organization*		M 0	D 5
City WHITEHALL		State OH	Zip Code 43213	Y 0	Amount \$25.00
				Form (Cash, Check, etc.) CASH	
Full Name of Contributor SHERMAN NAPPER JR				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M 0	D 5
City WHITEHALL		State OH	Zip Code 43213	Y 0	Amount \$40.00
				Form (Cash, Check, etc.) CASH	
Full Name of Contributor ROBERT B ELLIOTT JR				Registration Number, if PAC	
Street Address 1811 QUARRY RIDGE DRIVE		Employer/Occupation/Labor Organization* CORRECTIONS OFF/OH		M 0	D 5
City COLUMBUS		State OH	Zip Code 43213	Y 0	Amount \$50.00
				Form (Cash, Check, etc.) CASH	
Full Name of Contributor JASON PARISH				Registration Number, if PAC	
Street Address 4171 SUNNYDALE		Employer/Occupation/Labor Organization* BANKER/ CHASE		M 0	D 5
City WESTERVILLE		State OH	Zip Code 43082	Y 0	Amount \$25.00
				Form (Cash, Check, etc.) CASH	

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

Total expenditures this event.

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Page Total \$ **\$290.00**