

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Support LaPorte Campaign									
Full Name of Contributor Dan A Miller							Registration Number, if PAC		
Street Address 4124 Mayflower Blvd				Employer/Occupation/Labor Organization*			Form (Cash, <input checked="" type="checkbox"/> Check, etc.)		
City Columbus		State Ohio		Zip Code 43213		M 07 D 22 Y 11		Amount 50⁰⁰	
Full Name of Contributor Glen Steven							Registration Number, if PAC		
Street Address 345 Dana Ave				Employer/Occupation/Labor Organization*			Form (Cash, <input checked="" type="checkbox"/> Check, etc.)		
City Whitehall		State Ohio		Zip Code 43223		M 08 D 03 Y 11		Amount 60⁰⁰	
Full Name of Contributor David A. MacCartney							Registration Number, if PAC		
Street Address 8184 Shaw Dr				Employer/Occupation/Labor Organization*			Form (Cash, <input checked="" type="checkbox"/> Check, etc.)		
City Reynoldsburg		State OH		Zip Code 43068		M 07 D 05 Y 11		Amount 10⁰⁰	
Full Name of Contributor Jannell Downing							Registration Number, if PAC		
Street Address 187 Winding Valley Dr.				Employer/Occupation/Labor Organization*			Form (Cash, <input checked="" type="checkbox"/> Check, etc.)		
City Delaware		State OH		Zip Code 43015		M 07 D 03 Y 11		Amount 250⁰⁰	
Full Name of Contributor Leslie LaPorte							Registration Number, if PAC		
Street Address 5066 Etna Rd				Employer/Occupation/Labor Organization*			Form (Cash, <input checked="" type="checkbox"/> Check, etc.)		
City Whitehall		State Ohio		Zip Code 43213		M 06 D 27 Y 11		Amount 100⁰⁰	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State		Zip Code		M D Y		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State		Zip Code		M D Y		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State		Zip Code		M D Y		Amount	

* 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)]

Page Total \$ **470⁰⁰**