

Statement of Contributions Received

Prescribed by Secretary of State 3/05

4/8/10

Name of Committee in Full Support LaCorte Campaign							
Full Name of Contributor Mr. Roy Adkins						Registration Number, if PAC	
Street Address 4354 Broadhurst Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Whitehall		State OH	Zip Code 43213	M 09	D 30	Y 09	Amount 25.00
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 Westernville		State OH	Zip Code 43081	M 11	D 09	Y 09	Amount 250.00
Full Name of Contributor Chelsea Wright						Registration Number, if PAC	
Street Address 6843 Magdalena Ln			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Canal Winchester		State OH	Zip Code 43110	M 11	D 09	Y 09	Amount 200.00
Full Name of Contributor Bonnie Werrick						Registration Number, if PAC	
Street Address Palmer Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City Reynoldsburg		State OH	Zip Code 43068	M 09	D 28	Y 09	Amount 40.00
Full Name of Contributor Mary Cain						Registration Number, if PAC	
Street Address 2450 Carroll Southern Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City Carroll		State OH	Zip Code 43112	M 07	D 05	Y 09	Amount 5.00
Full Name of Contributor Heslie LaCorte - Price - Fans, Memo Bd & Pens						Registration Number, if PAC	
Street Address 5066 Etna Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit	
City Whitehall		State OH	Zip Code 43213	M 06	D 30	Y 09	Amount 686.88
Full Name of Contributor Sam Elliot						Registration Number, if PAC	
Street Address 612 Office Parkway			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH	
City Westernville		State OH	Zip Code 43082	M 11	D 09	Y 09	Amount 100.00
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 appear. [R.C. 3517.10(B)(4)]

1316.88 ✓