

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Support LaCorte for Mayor						
Full Name of Contributor Ginny Phillips				Registration Number, if PAC		
Street Address 353 KUNANALU PLACE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		
City HONOLULU	State HI	Zip Code 96846	M 1	D 0	Y 1	Amount \$150.00
Full Name of Contributor Chelsea Wright				Registration Number, if PAC		
Street Address 5066 Etna Road		Employer/Occupation/Labor Organization* Chase Bank		Form (Cash, Check, etc.) cash		
City Whitehall	State OH	Zip Code 43213	M 1	D 0	Y 1	Amount \$100.00
Full Name of Contributor Carl Stowell				Registration Number, if PAC		
Street Address 5120 Etna Road		Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) cash		
City Whitehall	State OH	Zip Code 43213	M 1	D 0	Y 1	Amount \$50.00
Full Name of Contributor Morgan and Barb Penn				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) cash		
City Whitehall	State OH	Zip Code 43213	M 1	D 0	Y 1	Amount \$100.00
Full Name of Contributor TIM H COOPER				Registration Number, if PAC		
Street Address 884 COUNTY LINE ROAD		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) cash		
City WESTERVILLE	State OH	Zip Code 43213	M 1	D 0	Y 2	Amount \$175.00
Full Name of Contributor STEVE SCHNEIDER				Registration Number, if PAC		
Street Address 1086 ROSS ROAD		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PAYPAL		
City COLUMBUS	State OH	Zip Code 43227	M 1	D 0	Y 2	Amount \$100.00
Full Name of Contributor Glenn Stephens				Registration Number, if PAC		
Street Address 769 SULLIVANT AVE		Employer/Occupation/Labor Organization* individual Retired		Form (Cash, Check, etc.) PAYPAL		
City COLUMBUS	State OH	Zip Code 43222	M 1	D 1	Y 0	Amount \$75.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
City	State OH	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)]