

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>SUPPORT LACORTE FOR MAYOR CAMPAIGN</b>				
Full Name of Contributor <b>VANESSA TROYER</b>			Registration Number, if PAC	
Street Address <b>ST RT 42</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   5   0   9   1   5</b>	Amount <b>\$25.00</b>
City <b>PLAIN CITY</b>	State <b>OH</b>	Zip Code <b>43064</b>	Form (Cash, Check, etc.) <b>CASH</b>	
Full Name of Contributor <b>DICK JANUSZ</b>			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y <b>0   5   0   9   1   5</b>	Amount <b>\$25.00</b>
City <b>WHITEHALL</b>	State <b>OH</b>	Zip Code <b>43213</b>	Form (Cash, Check, etc.) <b>CASH</b>	
Full Name of Contributor <b>JERRY DICKSON</b>			Registration Number, if PAC	
Street Address <b>3877 DONLEY ST</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   5   0   9   1   5</b>	Amount <b>\$25.00</b>
City <b>WHITEHALL</b>	State <b>OH</b>	Zip Code <b>43213</b>	Form (Cash, Check, etc.) <b>CASH</b>	
Full Name of Contributor <b>JOSH NEFF</b>			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y <b>0   5   0   9   1   5</b>	Amount <b>\$25.00</b>
City <b>WHITEHALL</b>	State <b>OH</b>	Zip Code <b>43213</b>	Form (Cash, Check, etc.) <b>CASH</b>	
Full Name of Contributor <b>KERRY MECHTLY</b>			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y <b>0   5   0   9   1   5</b>	Amount <b>\$40.00</b>
City <b>WHITEHALL</b>	State <b>OH</b>	Zip Code <b>43213</b>	Form (Cash, Check, etc.) <b>CASH</b>	
Full Name of Contributor <b>CASH COLLECTED IN DONATION BOX</b>			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y <b>0   5   1   4   1   5</b>	Amount <b>\$200.00</b>
City <b>WHITEHALL</b>	State <b>OH</b>	Zip Code <b>43213</b>	Form (Cash, Check, etc.) <b>CASH</b>	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	

\* 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

**\$1,780.00**

Total expenditures this event.

**\$633.00**

Page Total \$ **\$340.00**