

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Support LaCorte Campaign									
Full Name of Contributor Tim H. Cooper						Registration Number, if PAC			
Street Address 884 County Line Rd						Employer/Occupation/Labor Organization*			
City Westerville						State OH		Zip Code 43081	
						M		D	
						Y		Form (Cash, Check, etc.) Check	
						Amount 250.00			
Full Name of Contributor Pam Elliot						Registration Number, if PAC			
Street Address 612 Office Pkwy						Employer/Occupation/Labor Organization*			
City Westerville						State OH		Zip Code 43082	
						M		D	
						Y		Form (Cash, Check, etc.) Check	
						Amount 100.00			
Full Name of Contributor Heidi Mason						Registration Number, if PAC			
Street Address 1947 Sitterly Rd						Employer/Occupation/Labor Organization*			
City Canal Winchester						State OH		Zip Code 43110	
						M		D	
						Y		Form (Cash, Check, etc.) Check	
						Amount 50.00			
Full Name of Contributor Roberta LaCorte						Registration Number, if PAC			
Street Address 1899 Welsh Hills						Employer/Occupation/Labor Organization*			
City Granville						State OH		Zip Code 43023	
						M		D	
						Y		Form (Cash, Check, etc.) Check	
						Amount 125.00			
Full Name of Contributor Gene Cook						Registration Number, if PAC			
Street Address 3845 E Mound						Employer/Occupation/Labor Organization*			
City Columbus						State OH		Zip Code 43227	
						M		D	
						Y		Form (Cash, Check, etc.) Check	
						Amount 100.00			
Full Name of Contributor Ray Adkins						Registration Number, if PAC			
Street Address 4364 Broadhurst						Employer/Occupation/Labor Organization*			
City Whitehall						State OH		Zip Code 43213	
						M		D	
						Y		Form (Cash, Check, etc.) Check	
						Amount 25.00			
Full Name of Contributor Bonnie Weerick						Registration Number, if PAC			
Street Address Palmer Rd						Employer/Occupation/Labor Organization*			
City Reynoldsburg						State OH		Zip Code 43068	
						M		D	
						Y		Form (Cash, Check, etc.) Cash	
						Amount 40.00			
Full Name of Contributor Mary Cain						Registration Number, if PAC			
Street Address 2450 Carroll Southern Rd						Employer/Occupation/Labor Organization*			
City Carroll						State OH		Zip Code 43112	
						M		D	
						Y		Form (Cash, Check, etc.) Cash	
						Amount 5.00			

* 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)]

Page Total \$

695.00