## **Statement of Contributions Received** at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date 5/9/15	
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Name of Committee in Full SUPPORT LACORTE FOR MAYOR CA			·
	MPAIGN		
Full Name of Contributor JUDY STEVENS		Registration Number, if PAC	
Street Address 4138 POWEL AVE	Employer/Occupation/Labor Organization*		M D Y Amount 0 5 0 9 1 5 \$500.00
City COLUMBUS	Stal te OH	Zip Code 43213	Form (Cash, Check, etc.) CHECK
Full Name of Contributor CATHY HANKINS	<u> </u>		Registration Number, if PAC
Street Address 4088 MAYFLOWER BLVD	Employer/Occup	nation/Labor Organization*	0 5 0 9 1 5 Amount \$\frac{1}{5}\$ \$\frac{1}{5}\$ \$\frac{1}{5}\$ \$\frac{1}{5}\$
City WHITEHALL	Stal te OH	Zip Code 43213	Form (Cash, Check, etc.) CHECK
Full Name of Contributor TRIXIE LEMASTER			Registration Number, if PAC
Street Address 479 WHITEHALL DRIVE	Employer/Occupation/Labor Organization*		0 5 0 9 1 5 \$100.00
City WHITEHALL	Stafte OH	Zip Code 43213	Form (Cash, Check, etc.) CHECK
Full Name of Contributor GLEN R STEVENS		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Registration Number, if PAC
Street Address 769 SULLIVANT AVE APT 8	Employer/Occupation/Labor Organization*		0 5 0 9 1 5 \$100.00
City COLUMBUS	Stafte OH	Zip Code 43222	Form (Cash, Check, etc.) CHECK
Full Name of Contributor BRENT HOWARD			Registration Number, if PAC
Street Address 348 CHAMBERLAND DRIVE	Employer/Occupation/Labor Organization*		0 5 0 9 1 5 Amount \$150.00
City WHITEHALL	Stal te OH	Zip Code 43213	Form (Cash, Check, etc.) CHECK
Full Name of Contributor KARLA J LABORDE			Registration Number, if PAC
Street Address 148 ACADEMY WOODS DRIVE	Employer/Occup	pation/Labor Organization*	0 5 0 9 1 5 S100.00
City GAHANNA	Stal te OH	Zip Code 43230	Form (Cash, Check, etc.) CHECK
Full Name of Contributor CATHY STEVENS			Registration Number, if PAC
Street Address	Employer/Occup	oation/Labor Organization*	0 5 0 9 1 5 Amount \$100.00
City WHITEHALL * Required for contributions from individuals over \$100 to	Staj te OH	Zip Code 43213	Form (Cash, Check, etc.) CHECK

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

iii die date column				
Total contributions this event	Total expenditures this event.			
		Page Total \$ \$1,150.00		

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)]