

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full SUPPORT LACORTE FOR MAYOR CAMPAIGN							
Full Name of Contributor MICHAEL J BUSH II						Registration Number, if PAC	
Street Address 1811 QUARRY RIDGE DRIVE			Employer/Occupation/Labor Organization* AC CONTAINER TRUCK DRIVE			Form (Cash, Check, etc.) CASH	
City COLUMBUS		State OH	Zip Code 43232	M 0	D 9	Y 1	Amount \$60.00
Full Name of Contributor DON RICHARDS						Registration Number, if PAC	
Street Address 9491 EVERGREEN PLACE #301			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PAYPAL	
City DAVIE		State FL	Zip Code 33324	M 0	D 9	Y 1	Amount \$100.00
Full Name of Contributor MISC DONATIONS DURING DOOR TO DOOR CANVAS						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City WHITEHALL		State OH	Zip Code 43212	M 0	D 9	Y 1	Amount \$100.00
Full Name of Contributor ROBERT B ELLIOTT						Registration Number, if PAC	
Street Address 1811 QUARRY RIDGE DRIVE			Employer/Occupation/Labor Organization* CORR OFF/ STATE OF OHIO			Form (Cash, Check, etc.) CASH	
City COLUMBUS		State OH	Zip Code 43232	M 0	D 9	Y 1	Amount \$60.00
Full Name of Contributor TIM H COOPER						Registration Number, if PAC	
Street Address 884 COUNTY LINE ROAD			Employer/Occupation/Labor Organization* SELF EMP FINANCIAL ADVISOR			Form (Cash, Check, etc.) CASH	
City WESTERVILLE		State OH	Zip Code 43082	M 0	D 9	Y 2	Amount \$100.00
Full Name of Contributor FOP EDUCATION FUND						Registration Number, if PAC	
Street Address YEARLING ROAD			Employer/Occupation/Labor Organization* FATERNAL ORDER OF POLICE WHITEHALL			Form (Cash, Check, etc.) CHECK	
City WHITEHALL		State OH	Zip Code 43213	M 0	D 9	Y 3	Amount \$1,500.00
Full Name of Contributor DR. BERNARD MASTERS						Registration Number, if PAC	
Street Address 340 TUCKER DRIVE			Employer/Occupation/Labor Organization* SELF EMP PHYSICIAN			Form (Cash, Check, etc.) CHECK	
City WORTHINGTON		State OH	Zip Code 43035	M 1	D 0	Y 0	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 also appear. [R.C. 3517.10(B)(4)]