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## **Statement of Contributions Received**

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Prescribed by Secretary of State 03/05

Name of Committee in Full SUPPORT LACORTE FOR MAYOR CA	MPAIGN				
Full Name of Contributor	Registration Number, if Pa	Registration Number, if PAC			
LESLIE LACORTE					
Street Address 5066 ETNA RAOD		Employer/Occupation/Labor Organization  CANDIDATE/		Form (Cash, Check, etc.) CASH	
City	State	Zip Code	M D Y	Amount	
WHITEHALL	OH	43213	0 3 2 0 1 5	\$100.00	
Full Name of Contributor			Registration Number, if Pa	AC	
TIM H COOPER					
Street Address 884 COUNTYLINE ROAD WEST		Employer/Occupation/Labor Organization* SELF EMPLOYED/ FINANCIAL ADVISOR			
City	State				
WESTERVILLE	OH	43082	0 4 2 3 1 5	\$250.00	
Full Name of Contributor CONTRIBUTIONS RECEIVED ON FROM	Registration Number, if P.	Registration Number, if PAC			
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			
City	Stante	Zip Code	0 5 0 9 1 5	Amount \$1,780.00	
Full Name of Contributor	<del>'</del> '		Registration Number, if P.	AC	
PAMELA ELLIOTT					
Street Address		pation/Labor Organization*		Form (Cash, Check, etc.)	
1811 QUARRY RIDGE DRIVE	SELF EM	IP/ ELLIOTT BACK OF	FICE SUPPORT	PAYPAL Amount	
COLUMBUS	OH	43232	0 5 1 2 1 5	\$10.00	
Full Name of Contributor  SCOTT SAGEL  Registration Number, if PAC					
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)	
	INDIVIDUA			WEB.COM DONATIONS	
City	State	Zip Code	M D Y	Amount	
•	OH.		0 5 1 4 1 5	\$200.00	
Full Name of Contributor PAMELA ELLIOTT	Registration Number, if PAC				
	1			Form (Cash, Check, etc.)	
Street Address 1811 QUARRY RIDGE		pation/Labor Organization	CE CURRORT	I 1	
		P ELLIOTT BACK OFFI		WEB.COM DONATIONS	
City COLUMBUS	State OH	Zip Code 43232	0 5 1 4 1 5	Amount \$10.00	
Full Name of Contributor		<del></del>	Registration Number, if P	AC	
SCOTT LACORTE	İ				
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)	
WRIGHT PARK	POLIC OF	FICE CITY OF COLUM		WEB.COM DONATION	
City WHITEHALL	State OH	Zip Code 43213	M D Y 0 5 1 4 1 5	Amount \$50.00	
Full Name of Contributor BRONWYN CAPPRIOTTI	·		Registration Number, if P	AC	
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)	
29889 SANTA MARGUERITA PKWY	INDIVIDU	AL		PAYPAL	
City	State	Zip Code	M D Y	Amount	
RANCHO SANTA MARGUERITA	CA	92688	0 5 2 0 1 5	\$250.00	

Page Total \$2,650.00

<sup>\*</sup> 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)]