

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full SUPPORT LACORTE FOR MAYOR				
Full Name of Contributor TIM COOPER		Employer, Occupation, Labor Organization* SELF FINC. ADV		Registration Number, if PAC
Street Address 884 COUNTY LINE ROAD		Description of Item or Service STITCH NOW EMBORERY		M D Y Fair Market Value 0 5 0 9 1 5 \$74.19
City WESTERVILLE		State OH	Zip Code 43082	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor TIM COOPER		Employer, Occupation, Labor Organization* SELF FINC ADV		Registration Number, if PAC
Street Address 884 COUNTY LINE ROAD		Description of Item or Service SELF INKING STAMPS		M D Y Fair Market Value 0 5 0 6 1 5 \$46.77
City WESTERVILLE		State OH	Zip Code 43082	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor REIS LLC		Employer, Occupation, Labor Organization* FINANCIAL PLANNER		Registration Number, if PAC
Street Address 8405 PULSAR PLACE, STE 125		Description of Item or Service OFFICE SUPPLIES		M D Y Fair Market Value 0 4 2 2 1 5 \$68.62
City COLUMBUS		State OH	Zip Code 43240	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor TIM H COOPER		Employer, Occupation, Labor Organization* SELF FINC ADV		Registration Number, if PAC
Street Address 884 COUNTY LINE ROAD W		Description of Item or Service CANDY FOR PARADE		M D Y Fair Market Value 0 6 3 0 1 5 \$78.95
City WESTERVILLE		State OH	Zip Code 43082	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor REIS, LLC		Employer, Occupation, Labor Organization* FINANCIAL PLANNER		Registration Number, if PAC
Street Address 8405 PULSAR PLACE STE 125		Description of Item or Service PER LABEL COSTS 20 X 0.59		M D Y Fair Market Value 0 7 0 1 1 5 \$11.81
City COLUMBUS		State OH	Zip Code 43240	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]