R.C. 3517.10

Statement of Contributions Received

Page ____

	Prescribed by Secretary of State 03/05	
Name of Committee in Full		
Full Name of Contributor LESTICE P. LACORTE		Registration Number, if PAC
Street Address Street Address Solele Etna Rol Dity Whitehall	Employer/Occupation/Labor Organization*	Form (Cash, Check, e
Unitehall ull Name of Contributor	State Zip Code OH 43213	M a b y Amount 50.00
reet Address		Registration Number, if PAC
ity	Employer/Occupation/Labor Organization*	Form (Cash, Check, et
	State Zip Code OH	M D Y Amount
Il Name of Contributor eet Address		Registration Number, if PAC
	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.
y	Stake 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)]

Page Total 50,00