

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Motil for City Council</b>									
Full Name of Contributor <b>Laborers International Union of North America; Local 423 PAC Fund</b>							Registration Number, if PAC <b>LA 912</b>		
Street Address <b>620 Alum Creek Drive</b>				Employer/Occupation/Labor Organization* <b>Labor Organization</b>				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>		Zip Code <b>43205</b>		M <b>0</b>		D <b>8</b>	
						Y <b>2</b>		Amount <b>\$500.00</b>	
Full Name of Contributor <b>Bill and Lola Vanderdoes</b>							Registration Number, if PAC		
Street Address <b>20 East Oakland Avenue</b>				Employer/Occupation/Labor Organization* <b>Retired</b>				Form (Cash, Check, etc.) <b>Cash</b>	
City <b>Columbus</b>		State <b>OH</b>		Zip Code <b>43202</b>		M <b>0</b>		D <b>9</b>	
						Y <b>2</b>		Amount <b>\$20.00</b>	
Full Name of Contributor <b>Michael J. West</b>							Registration Number, if PAC		
Street Address <b>345 East Longview</b>				Employer/Occupation/Labor Organization* <b>Fire Emergency Equipment</b>				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>		Zip Code <b>43202</b>		M <b>1</b>		D <b>0</b>	
						Y <b>2</b>		Amount <b>\$50.00</b>	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State <b>OH</b>		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State <b>OH</b>		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State <b>OH</b>		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State <b>OH</b>		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State <b>OH</b>		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 **\$570.00**