

# Statement of Contributions Received

Prescribed by Secretary of State 8/95

|   |                    |   |                        |  |                |
|---|--------------------|---|------------------------|--|----------------|
| Name of Committee in Full<br><i>Lakewood International Union of N.A. P.A.E Fund</i> |                    |   |                        |  |                |
| Full Name of Contributor<br><i>Scott Sakagawa</i>                                   |                    |   |                        | Registration Number, if PAC<br><i>LA 912</i> |                |
| Street Address<br><i>270 S. 6th St.</i>   |                    | Employer/Occupation/Labor Organization*<br><i>Labor Union</i> |                        | Form (Cash, Check, etc.)<br><i>CB</i>        |                |
| City<br><i>Newark</i>   | State<br><i>OH</i> | Zip Code<br><i>43055</i>                                      | M<br><i>11</i>         | D<br><i>10</i>                               | Y<br><i>08</i> |
|   |                    |   | Amount<br><i>75.00</i> |  |                |
| Full Name of Contributor<br><i>Lawrence Tucker</i>                                  |                    |   |                        | Registration Number, if PAC                  |                |
| Street Address<br><i>Box 67</i>   |                    | Employer/Occupation/Labor Organization*<br><i>Labor Union</i> |                        | Form (Cash, Check, etc.)                     |                |
| City<br><i>Kirkersville</i>   | State<br><i>OH</i> | Zip Code<br><i>43033</i>                                      | M<br><i>11</i>         | D<br><i>09</i>                               | Y<br><i>09</i> |
|   |                    |   | Amount<br><i>75.00</i> |  |                |
| Full Name of Contributor<br><i>Philip Palmer</i>                                    |                    |   |                        | Registration Number, if PAC                  |                |
| Street Address<br><i>533 Brandenburg St</i>   |                    | Employer/Occupation/Labor Organization*<br><i>Labor Union</i> |                        | Form (Cash, Check, etc.)                     |                |
| City<br><i>Colo</i>   | State<br><i>OH</i> | Zip Code<br><i>43228</i>                                      | M<br><i>11</i>         | D<br><i>12</i>                               | Y<br><i>09</i> |
|   |                    |   | Amount<br><i>75.00</i> |  |                |
| 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                 |  |                |
| 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                 |  |                |
| 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                 |  |                |
| 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 over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

Page Total \$ 225.00