

Statement of Contributions Received

Prescribed by Secretary of State 895

Name of Committee in Full									
Labprers' International Union of North America, Local 423 PAC FUND									
Full Name of Contributor						Registration Number, if PAC			
Harold Breen						LA 912			
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
7229 Luka ave.									
City		State	Zip Code		M	D	Y	Amount	
Maderia		OH	45243		10	13	11	75 ⁰⁰	
Full Name of Contributor						Registration Number, if PAC			
Anton Garner						LA 912			
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
3249 Bellerive Dr.									
City		State	Zip Code		M	D	Y	Amount	
Pickerington		OH	43147		10	13	11	75.00	
Full Name of Contributor						Registration Number, if PAC			
Jeramiah Clarkson						LA 912			
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
369 Wepaw Ct.									
City		State	Zip Code		M	D	Y	Amount	
Mahanna, O		OH	43230		10	13	11	75.00	
Full Name of Contributor						Registration Number, if PAC			
James Jackson, Jr						LA 912			
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
1520 Garfield Ave.									
City		State	Zip Code		M	D	Y	Amount	
Lancaster		OH	43130		10	19	11	75 ⁰⁰	
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 \$ 300.00