

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full							
Laborers' International Union of North America, Local 423 PAC							
Full Name of Contributor						Registration Number, if PAC	
Travis Yae						LA912	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)			
991 Shepherd							
City	State	Zip Code	M	D	Y	Amount	
Frankfort	OH	45628	11	10	10	75 ⁰⁰	
Full Name of Contributor						Registration Number, if PAC	
Christopher Stentz						LA912	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)			
170 S. Belmar Dr.							
City	State	Zip Code	M	D	Y	Amount	
Reynoldsburg	OH	43068	11	10	10	75 ⁰⁰	
Full Name of Contributor						Registration Number, if PAC	
Blake Lazier						LA912	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)			
6885 Greendale Dr. #2							
City	State	Zip Code	M	D	Y	Amount	
Reynoldsburg	OH	43068	11	10	10	75.00	
Full Name of Contributor						Registration Number, if PAC	
Travis Baer						LA912	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)			
385 Shasta Dr.							
City	State	Zip Code	M	D	Y	Amount	
Circleville	OH	43113	11	10	10	75 ⁰⁰	
Full Name of Contributor						Registration Number, if PAC	
Kevin Beel						LA912	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)			
188 Midland Ave.							
City	State	Zip Code	M	D	Y	Amount	
Cols	OH	43223	11	10	10	75 ⁰⁰	
Full Name of Contributor						Registration Number, if PAC	
Jimmy Casey						LA912	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)			
147 Jenkins Ave.							
City	State	Zip Code	M	D	Y	Amount	
Falmouth	KY	41040	11	10	10	75 ⁰⁰	
Full Name of Contributor						Registration Number, if PAC	
Markas Jacob							
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)			
11471 Thrailkill Rd							
City	State	Zip Code	M	D	Y	Amount	
Orient	OH	43146	11	10	10	75 ⁰⁰	
Full Name of Contributor						Registration Number, if PAC	
Baze Conert							
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)			
40893 Roy Watson Rd							
City	State	Zip Code	M	D	Y	Amount	
Woodsfield	OH	43793	11	10	10	75 ⁰⁰	

* 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)]