

Statement of Contributions Received

Prescribed by Secretary of State 8/95

Name of Committee in Full Laborers' International Union of North America, Local 423 PAC FUND									
Full Name of Contributor Chase Bank						Registration Number, if PAC LA 912			
Street Address Lockbourne Branch			Employer/Occupation/Labor Organization* Interest			Form (Cash, Check, etc.) \$. 81			
City Cols		State OH		Zip Code 43207		M 09		D 30	
						Y 10		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	
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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)