	 _
Page	

Statement of Contributions Received

Prescribed by Secretary of State 8/95

Name of Committee in Full	-							·		
Laborers' International Union of	Nort	h Ame	rica. Local 423	PAC	FII	ND				
Full Name of Controller				Reg	Registration Number, it PAC					
Male Balk	Male Balk LA912									
Street Address Down Branch	Employ	er/Oucupa - ///	tion Labor Organization*					Form (Cash, Check, etc.		
City (Als)		a 1c	Zip Code 43207	ΔĬ	9	30	10	Amount		
Full Name of Contributor	1	<u> </u>		Reg	strat	ion Nu	nber, if	PAC		
Sureet Address	Employ	er/Occupa	tion/Labor Organization*					Form (Cash, Check, etc.)		
City	St	zi te	Zip Code	M		D	Y	Amount		
Il Name of Contributor					Registration Number, st PAC					
Street Address	Employ	er/Occupa	tion/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)			
Cny	Si	a ic	Zip Code	M		D	Y	Amount		
Full Name of Contributor				Registration Number, if PAC						
Street Address	Employ	over/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
Сиу	Su	a' te	Zip Code	М		D 	Y	Amount		
Full Name of Contributor			Registration Number, if PAC							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)					
Спу	Su	le	Zip Code	M		D	M	Amount		
Full Name of Contributor					Registration Number, if PAC					
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
Спу	Sta	ıc	Zip Code	М		D	Y	Amount		
Full Name of Contributor Registration Number, if PAC							'AC			
Street Address	Employe	r/Occupat	tion/Labor Organization*					Form (Cash, Check, etc.)		
Cny	Sta	le	Zip Code	M		D	Y	Amount		

Page Total S	,	81	-

^{*}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)