

Statement of Contributions Received

Prescribed by Secretary of State 03/05

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Name of Committee in Full									
Laborers' International Union of North America, Local 423 PAC									
Full Name of Contributor						Registration Number, if PAC			
Kyle Pottiger						LA912			
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
68253 Third St.									
City		State		Zip Code		M D Y		Amount	
Edwardsburg		MI		49112		042011		75.00	
Full Name of Contributor						Registration Number, if PAC			
Anthony Brokaw						LA912			
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
POB 411									
City		State		Zip Code		M D Y		Amount	
Philadelphia		OH		43101		042011		75.00	
Full Name of Contributor						Registration Number, if PAC			
Robert Wleaver						LA912			
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
226 Hansberger Ave.									
City		State		Zip Code		M D Y		Amount	
Baltimore		OH		43130		051511		75.00	
Full Name of Contributor						Registration Number, if PAC			
Roger Friend Jr						LA912			
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
5691 Grove City Rd									
City		State		Zip Code		M D Y		Amount	
Grove City		OH		43123		051911		75.00	
Full Name of Contributor						Registration Number, if PAC			
Jeremy Breen						LA912			
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
7229 Eluka Ave.									
City		State		Zip Code		M D Y		Amount	
Cincinnati		OH		45243		051911		25.00	
Full Name of Contributor						Registration Number, if PAC			
Eric Pridemore						LA912			
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
10515 Main St. #211									
City		State		Zip Code		M D Y		Amount	
Baltimore		OH		43105		051911		75.00	
Full Name of Contributor						Registration Number, if PAC			
Justin Retherford						LA912			
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
2958 E High St.									
City		State		Zip Code		M D Y		Amount	
Newark		OH		43055		060211		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	

* 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)]

Page Total \$ 475.00