

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full IATSE Local 12 PCE					
Full Name of Contributor IATSE Local 12 (Transfer of Dues)				Registration Number, if PAC	
Street Address 566 E. Rich St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City Columbus	State OH	Zip Code 43215	M 0	D 6	Y 0314
				Amount \$1,000.00	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	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 OH	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 OH	Zip Code	M	D	Y
				Amount	
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City	State OH	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 OH	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)]