

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Laborers Local423							
Full Name of Contributor Laborers Local 423					Registration Number, if PAC		
Street Address 620 Alum Creek Dr., Suite 202		Employer/Occupation/Labor Organization* Local 423			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43205	M 0	D 3	Y 1	Amount \$25,000.00	
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	
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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)]

Page Total **\$25,000.00**