

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 Russell Mickell			Registration Number, if PAC LA 912	
Street Address 5678 TWP Rd 213		Employer/Occupation/Labor Organization* (Circled)		Form (Cash, Check, etc.) (Circled)
City Marengo	State OH	Zip Code 43334	M/D/Y 1/20/11	Amount 75.00
Full Name of Contributor Eric Vanover			Registration Number, if PAC LA 912	
Street Address 24679 St. Rt. 327		Employer/Occupation/Labor Organization* (Circled)		Form (Cash, Check, etc.) (Circled)
City Laurelville	State OH	Zip Code 43135	M/D/Y 1/22/11	Amount 25.00
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
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
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 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)