

Statement of Contributions Received

Prescribed by Secretary of State 8/95

Name of Committee in Full LABORERS INTERNATIONAL UNION OF NORTH AMERICA									
LOCAL 423 PCE FUND									
Full Name of Contributor E.I.U.N.A.C., Local 423						Registration Number, if PAC			
Street Address 620 Alum Creek Dr.			Employer/Occupation/Labor Organization* General Fund				Form (Cash, Check, etc.) Transfer		
City Cols		State OH		Zip Code 43205		M 07		D 19	
						Y 10		Amount 500.00	
Full Name of Contributor LEUNA Local 423						Registration Number, if PAC			
Street Address 620 Alum Creek			Employer/Occupation/Labor Organization* General Fund				Form (Cash, Check, etc.) Transfer		
City Cols		State OH		Zip Code 43205		M 08		D 16	
						Y 10		Amount 500.00	
Full Name of Contributor LEUNA Local 423						Registration Number, if PAC			
Street Address 620 Alum Creek			Employer/Occupation/Labor Organization* General Fund				Form (Cash, Check, etc.) Transfer		
City Cols		State OH		Zip Code 43205		M 09		D 24	
						Y 10		Amount 500.00	
Full Name of Contributor Chase Bank						Registration Number, if PAC			
Street Address Lockbourne Branch			Employer/Occupation/Labor Organization* Interest				Form (Cash, Check, etc.) Transfer		
City Cols		State OH		Zip Code 43207		M 07		D 30	
						Y 10		Amount 1.13	
Full Name of Contributor Chase Bank						Registration Number, if PAC			
Street Address Lockbourne Branch			Employer/Occupation/Labor Organization* Interest				Form (Cash, Check, etc.) Transfer		
City Cols		State OH		Zip Code 43207		M 08		D 31	
						Y 10		Amount .99	
Full Name of Contributor Chase Bank						Registration Number, if PAC			
Street Address Lockbourne Bank			Employer/Occupation/Labor Organization* Interest				Form (Cash, Check, etc.) Transfer		
City Cols		State OH		Zip Code 43207		M 09		D 30	
						Y 10		Amount .81	
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)

Page Total \$ **1,502.93**