

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

|                                                                    |                    |                                                                      |                |                |                                          |                           |  |
|--------------------------------------------------------------------|--------------------|----------------------------------------------------------------------|----------------|----------------|------------------------------------------|---------------------------|--|
| Name of Committee in Full<br><b>Carpenters Local Union 200 PCE</b> |                    |                                                                      |                |                |                                          |                           |  |
| Full Name of Contributor<br><b>Carpenters Local 200</b>            |                    |                                                                      |                |                | Registration Number, if PAC              |                           |  |
| Street Address<br><b>1545 Alum Creek Dr</b>                        |                    | Employer Occupation Labor Organization*<br><b>Labor Organization</b> |                |                | Form (Cash, Check, etc.)<br><b>check</b> |                           |  |
| City<br><b>Columbus</b>                                            | State<br><b>OH</b> | Zip Code<br><b>43209</b>                                             | M<br><b>07</b> | D<br><b>20</b> | Y<br><b>15</b>                           | Amount<br><b>2,000.00</b> |  |
| Full Name of Contributor<br><b>Carpenters Local 200</b>            |                    |                                                                      |                |                | Registration Number, if PAC              |                           |  |
| Street Address<br><b>1545 Alum Creek Dr.</b>                       |                    | Employer Occupation Labor Organization*<br><b>Labor Organization</b> |                |                | Form (Cash, Check, etc.)<br><b>check</b> |                           |  |
| City<br><b>Columbus</b>                                            | State<br><b>OH</b> | Zip Code<br><b>43209</b>                                             | M<br><b>08</b> | D<br><b>19</b> | Y<br><b>15</b>                           | Amount<br><b>6,000.00</b> |  |
| Full Name of Contributor<br><b>Carpenters Local 200</b>            |                    |                                                                      |                |                | Registration Number, if PAC              |                           |  |
| Street Address<br><b>1545 Alum Creek Dr.</b>                       |                    | Employer Occupation Labor Organization*<br><b>Labor Organization</b> |                |                | Form (Cash, Check, etc.)<br><b>check</b> |                           |  |
| City<br><b>Columbus</b>                                            | State<br><b>OH</b> | Zip Code<br><b>43209</b>                                             | M<br><b>10</b> | D<br><b>27</b> | Y<br><b>15</b>                           | Amount<br><b>2,000.00</b> |  |
| 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 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)]