

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full LABORERS' INTERNATIONAL UNION OF N.A., LOCAL 423 PCE FUND									
Full Name of Contributor Laborers' International Union of N.A., LOCAL 423						Registration Number, if PAC			
Street Address 620 Alum Creek Dr.		Employer/Occupation/Labor Organization Internal Transfer				Form (Cash, Check, etc.)			
City Cols		State OH		Zip Code 43205		M 10		D 27	
						Y 11		Amount 500.00	
Full Name of Contributor Laborers' Local 423						Registration Number, if PAC			
Street Address 620 Alum Creek Dr.		Employer/Occupation/Labor Organization Internal Transfer				Form (Cash, Check, etc.)			
City Cols		State OH		Zip Code 43205		M 11		D 17	
						Y 11		Amount 5000.00	
Full Name of Contributor Laborers' Local 423						Registration Number, if PAC			
Street Address 620 Alum Creek Dr.		Employer/Occupation/Labor Organization Internal Transfer				Form (Cash, Check, etc.)			
City Cols		State OH		Zip Code 43205		M 12		D 02	
						Y 11		Amount 500.00	
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	
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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)]