

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 ELI H. 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 Columbus			State O H		Zip Code 43205		M D Y 0 8 1 8 1 1		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 Columbus			State O H		Zip Code 43205		M D Y 0 9 0 9 1 1		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
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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 \$ 1000.00