## **Statement of Contributions Received**

Page	2	_

Prescribed by Secretary of State 03/05

Name of Committee in Full Laborers Local423			-		
Full Name of Contributor			Registration Number, if F	PAC	
Laborers Local 423			registration Number, 17 1	AC .	
Street Address	Employer/Occi	apation/Labor Organization		Form (Cash, Check, etc.)	
620 Alum Creek Dr., Suite 202	Local 42	3		check	
City Columbus	State OH	Zip Code 43205	M D Y 1 6	Amount \$25,000.00	
Full Name of Contributor			Registration Number, if F	AC	
Street Address			<u> </u>	Form (Cash, Check, etc.)	
Succe Admics	Employer/Occi	Employer/Occupation/Labor Organization*			
City	State	Zip Code	M D Y	Amount	
5 11 2	OH				
Full Name of Contributor			Registration Number, if F	Registration Number, if PAC	
Street Address	Employer/Occi	upation/Labor Organization		Form (Cash, Check, etc.)	
City	State OH	Zip Code	M D Y	Amount	
Full Name of Committee			D. G. D. L. GE		
Pun Name of Commond			Registration Number, if F	AC	
Street Address	Employer/Occi	upation/Labor Organization		Form (Cash, Check, etc.)	
City	State OH	Zip Code	M D Y	Amount	
Full Name of Contributor	loti				
Full Name of Contributor			Registration Number, if F	AC	
Street Address	Employer/Occ	Employer/Occupation/Labor Organization Form (Cash, C		Form (Cash, Check, etc.)	
City	State OH	Zip Code	M D Y	Amount	
Full Name of Contributor	<u> </u>		Registration Number, if I	PAC	
				_	
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*			
City	State	Zip Code	M D Y	Amount	
E-II V	ОН		Designation Number (6)	) (C	
Full Name of Contributor			Registration Number, if I	AC	
Street Address	Employer/Occ	upation/Labor Organization	•	Form (Cash, Check, etc.)	
City	State OH	Zip Code	M D Y	Amount	
Full Name of Contributor Registration Number, if				PAC	
Street Address	Employer/Occ	upation/Labor Organization*		Form (Cash, Check, etc.)	
	Limployerioce				
City	State OH	Zip Code	M D Y	Amount	

Page Total \$25,000.00

<sup>\*</sup> 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)]