

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Laborers Local423									
Full Name of Contributor Laborers Local 423						Registration Number, if PAC			
Street Address 620 Alum Creek Dr., Suite 202			Employer/Occupation/Labor Organization* Local 423				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43205		M 1	D 0	Y 0	Y 4	Amount \$25,000.00
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	
		OH							
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	
		OH							
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Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
		OH							
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City		State	Zip Code		M	D	Y	Amount	
		OH							

* 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)]