## **Statement of Contributions Received**

Page	 

Prescribed by Secretary of State 03/05

Name of Committee in Full									
Carpenters Local Ur	sion e	200 PCE							
First Name of Contributor				Registration Number, if PAC					
Carpenters Local Street Address 1545 Alum Creek Dr.	<i>90</i> 0				N	IR.			
Street Address	Employer Occupat	ion Labor Organization	-			Form (Cash, Check, etc.)			
1545 Alum Creek Dr.	rapo	or Union				Check			
City	State	Zip Code	M	Đ		Amount			
Columbus @	DH.	432 <del>0</del> 9	lola	las	16	4000,000			
Enil Name of Contributor				Registration Number, if PAC					
Carpenters Local Union 300 Street Address  Employer Occupation Labor Organization  1545 Alum Creek Or Labor Union  City  Columbus  OH 43209				,	NB	<b>\</b>			
Street Address	Employer Occupat				Form (Cash, Check, etc.)				
1545 Alum Creek Dr	Lake				į				
City	State	Zip Code	M	P	Y	Amount			
Columbus	OH	43204	1014	1113	ارالو	$\omega \omega \omega \omega$			
Full Name of Contributor	-		Registra	uon Nun	ber, if PA	AC .			
Street Address	Employer Occupat	ion Labor Organization	_			Form (Cash, Check, etc.)			
City	State	Zip Code	M	P	Y	Amount			
Full Name of Contributor	·		Registra	uon Nun	ber, if P	vc.			
Street Address	Employer Occupat	ion Labor Organization		•		Form (Cash. Check, etc.)			
				_					
City	State	Zip Code	M	Đ	Y	Amount			
				<u> </u>					
Full Name of Contributor					Registration Number, if PAC				
Street Address	Employer Occupat				Form (Cash, Check, etc.)				
	<u> </u>								
City	State	Zip Code	M	D	¥	Amount			
			<u> </u>						
Full Name of Contributor					ber, if P.	rc ·			
Street Address	Employer Occupation Labor Organization					Form (Cash, Check, etc.)			
					,				
City	State	Zip Code	M	P	Y	Amount			
Full Name of Contributor			Registra	uon Num	ber, if PA	IC -			
	· ·								
Street Address	Employer Occupat	ion Labor Organization				Form (Cash, Check, etc.)			
City	State	Zip Code	M	P	Y	Amount			
Full Name of Contributor Registration Number, if P.						vc			
Street Address	Employer Occupation Labor Organization					Form (Cash, Check, etc.)			
City	State	Zip Code	M	Đ	Y	Amount			
	<u> </u>		<u> </u>	<u> </u>					

Page Total S 10,000.

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)]