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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

	Collection of the Collection o		neviculare Nobelski Kalkarum	arra investigaciones proprio primera	renegię zazajnieko (elektricka) ra	enter of the second		
Name of Committee in Full Laborers' Internation Union of North America Local 423 PCE Fund								
Eaborers Internation Official America Local 425 i CE Fund   Full Name of Contributor   Registration Number, if PAC								
Laborers Local 123 -	SULL	al tund	CLA	Alu.	nal	Marsher		
Street Address Le Creek Dr.	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, Ac.)		
Colinbus	State H	Zip Code   5	M 5	28	10	Amount 500.00		
Full Name of Contributor Local 423	Heneral Fund			ition Num	ber, if PA	c Transfer		
Street Address Le 20 alum Cuelo De.	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
Calembus	0 H	Zip Code 43205	MH	3/2	10	Amount 500.00		
Full Name of Contributor Local 423 A	g EKREAL	fund	Registra	ition Num	ber, if PA 1al	Tarsfer		
Street Address 620 alum Celk Dr.	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
Columbus	State	Zip Code H3J05	8H	16	10	50,000 - 0 D		
Full Name of Contributor Registration Number, if PA						Ljanster		
Street Address	Employer/Occupation/Labor Organization*					Fоrm (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	М	D	Y	Amount		
Full Name of Contributor Registration Number, if PA						ÅC .		
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 PA					AC :			
Street Address	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						AC		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
1 1 C		lidates. If contributer is salf arms		#1000000000000000000000000000000000000		A		

\* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 5 1,000-01