

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 L.I.U.N.A., Local 423 General Fund						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 0	D 5	Y 11 11 00	Amount \$500.00
Full Name of Contributor L.I.U.N.A., Local 423 General Fund						Registration Number, if PAC	
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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