

Statement of Contributions Received

Prescribed by Secretary of State 8/95

Name of Committee in Full LAROBERSSINTERNATIONAL UNION OF NORTH AMERICA												
	LOCAL 423 PCE FUND											
Full Name of Contributor	-						Registration Number, if PAC					
LII. U. N. AC; Local 423 Gene	ral F	Employer/Occupation/Labor Organization*						gányannismi i	anigues			
Street Address	Employe					P	Form (Cash, Check, etc.)					
620 wAlum Creek Dr.		Inte			,			1				
City . Câlumbus	O Sta	te H	ernal Transfer Zip Code 43205	0	м 5	1 1	1	1 6	8	Amount \$500.00		
Full Name of Contributor	Registratio							ion Number, if PAC				
L.I.U.N.A., Local 423 General Fund												
Street Address	Employe		Form (Cash, Check, etc.									
620 Alun Creek Dr.	Tv											
City	1		al Transher Zip Coil		М	D	,	Y 1	1	Amount		
Columbus	0	H	43205	0	6	1	اد	11 (4	\$500.00		
Full Name of Contributor Registration Number, if PAC												
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)												
Street Address	Employe	Employer/Occupation/Labor Organization*					Form (Cash, C					
off) Acum forces			Zip Code									
City	Sta	te	Zip Code		М	D		Y	4	Amount		
CORBITO IA	0											
Full Name of Contributor Registration Number, if PAC									.C			
Street Address	Employe	r/Occupat	tion/Labor Organization*	B			outerski	9407 (SA)	Ī	Form (Cash, Check, etc.)		
	ĺ						9		Section 1			
City	Sta	te	Zip Code	Т	М	D	T	Y		Amount		
									residente.			
Full Name of Contributor Registration Number, if								PA	iC			
Street Address	Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)		
City	St	ate	Zip Code	П	М	D	П	Y		Amount		
Full Name of Contributor		***************************************		F	Registr	ation N	lum	ber, if	P.A	AC .		
Street Address	Employ	er/Occupa	ation/Labor Organization*		järiidlisserken		wateres.	about the same		Form (Cash, Check, etc.)		
	F											
City	St	ate	Zip Code	T	М	D		Y		Amount		
									Transport.			
Full Name of Contributor Registration Number, if									f PA	AC		
Street Address	Employ	er/Occupa	ation/Labor Organization*		(AASSANAS ASSAS		(C) (C) (C) (C)	articles (1) to the		Form (Cash, Check, etc.)		
City	St	ate	Zip Code	T	М	D	П	Y		Amount		
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Page Total \$*[000.00*

^{*}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)