

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>LABORERS' INTERNATIONAL UNION OF NORTH AMERICA, LOCAL 423 PCE FUND</b>										
Full Name of Contributor <i>Laborers' Local 423</i>						Registration Number, if PAC				
Street Address <i>620 alum Creek Dr.</i>						Employer/Occupation/Labor Organization* <i>Labor Organization</i>				
City <i>Culs</i>						State <i>OH</i>		Zip Code <i>43205</i>		Form (Cash, Check, etc.) <i>Internal Transfer</i>
						M <i>04</i>		D <i>29</i>		Amount <i>\$500.00</i>
Full Name of Contributor						Registration Number, if PAC				
Street Address						Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City						State		Zip Code		Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address						Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City						State		Zip Code		Amount
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City						State		Zip Code		Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address						Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City						State		Zip Code		Amount

\* 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)]

Page Total \$ *500.00*