

Ohio Campaign Finance Report

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Prescribed by Secretary of State 12/97

FRANKLIN COUNTY

Full Name of Committee LABORERS' INTERNATIONAL UNION OF NORTH AMERICA, LOCAL 423 PCE FUND						Registration Number, if PAC					
Street Address 620 Alum Creek Drive						District					
City Columbus				State OH		Zip Code 43205					
Date candidate last appeared on any ballot				M		Y					
Type of Report (Place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General				
	March Monthly		July Monthly		August Monthly		September Monthly				
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No				Date of Election		M		D		Y	

Office Sought (Candidates only) _____
 For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box
 No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 12,571	42
2. Total monetary contributions (From Form No. 31-A)	\$ 1,000	00
3. Total other income (From Form No. 31-A-2)	\$ 4	78
4. Total funds available (sum of lines 1, 2, 3)	\$ 13,576	28
5. Total monetary expenditure (From Form No. 31-B)	\$ 2,027	13
6. Balance on hand (line 4 minus line 5)	\$ 11,549	07
Value of in-kind contributions received (From Form No. 31-J-1)	\$	
Value of in-kind contributions made (From Form No. 31-J-2)	\$	
Outstanding loans owed by committee (From Form No. 31-C)	\$	
Outstanding debts owed by committee (From Form No. 31-N)	\$	
Outstanding loans owed to committee (From Form No. 31-K)	\$	
Value of independent expenditures made (From Form No. 31-U)	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

LYNNE THOMPSON
 Print Name and Title (Treasurer and Deputy Treasurer only)

Lynne Thompson
 Signature

7-30-10
 Date

Contribution pages 1

Expenditure pages 1

Other pages 7

Total pages 09

OTHER INCOME

Statement of Expenditures

Prescribed by Secretary of State 8/95

Name of Committee in Full <i>Laborers Intl Union DTA Local 423 PCE</i>											
To Whom Paid <i>Chase Bank</i>						M	D	Y	Amount <i>2.91</i>		
Address <i>Lockbourne Ave</i>						Purpose <i>Interest</i>				Category Code*	
City <i>Cols</i>						State <i>OH</i>	Zip Code <i>43207</i>			Category Code*	
To Whom Paid <i>Chase Bank</i>						M	D	Y	Amount <i>1.87</i>		
Address <i>Lockbourne Ave</i>						Purpose <i>Interest</i>				Category Code*	
City <i>Cols</i>						State <i>OH</i>	Zip Code <i>43207</i>			Category Code*	
To Whom Paid						M	D	Y	Amount		
Address						Purpose				Category Code*	
City						State	Zip Code			Category Code*	
To Whom Paid						M	D	Y	Amount		
Address						Purpose				Category Code*	
City						State	Zip Code			Category Code*	
To Whom Paid						M	D	Y	Amount		
Address						Purpose				Category Code*	
City						State	Zip Code			Category Code*	
To Whom Paid						M	D	Y	Amount		
Address						Purpose				Category Code*	
City						State	Zip Code			Category Code*	
To Whom Paid						M	D	Y	Amount		
Address						Purpose				Category Code*	
City						State	Zip Code			Category Code*	
To Whom Paid						M	D	Y	Amount		

* Review the instruction page to determine the appropriate category code.

Statement of Expenditures

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Name of Committee in Full		M		D		Y		Amount
LABORERS INTERNATIONAL UNION OF NORTH AMERICA, LOCAL 423 PCE FUND		06		25		10		1,000.00
To Whom Paid		Citizens for Judge Mary Jane Trapp						
Address		State		Zip Code		Category Code*		
545 E. Town St.		OH		43215		COT		
City		Columbus						
To Whom Paid		M		D		Y		Amount
Jamie Campbell for Judge D. Donatelli, Ct		06		25		10		1,000.00
Address		State		Zip Code		Category Code*		
PO Box 287		OH		43004		COT		
City		Blacklick						
To Whom Paid		M		D		Y		Amount
CHASE BANK		05		28		10		13.93
Address		State		Zip Code		Category Code*		
LOCKBOURNE OFC		OH		43207				
City		COIS						
To Whom Paid		M		D		Y		Amount
CHASE BANK		06		30		10		13.20
Address		State		Zip Code		Category Code*		
LOCKBOURNE OFC		OH		43207				
City		COIS						
To Whom Paid		M		D		Y		Amount
Address		State		Zip Code		Category Code*		
City								
To Whom Paid		M		D		Y		Amount
Address		State		Zip Code		Category Code*		
City								
To Whom Paid		M		D		Y		Amount
Address		State		Zip Code		Category Code*		
City								

* Review the instruction page to determine the appropriate category code.

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 OH		Zip Code 43205		M D Y 0 5 11 1 1 0		Amount \$500.00	
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 OH		Zip Code 43205		M D Y 0 6 1 5 1 0		Amount \$500.00	
Full Name of Contributor						Registration Number, if PAC			
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 PAC			
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 PAC			
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 PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
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)