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Statement of Expenditures

	4
Page	

Prescribed by Secretary of State 2/01

Name of Committee in Full Laborers' Local 423					
To Whom Paid					
Chase Bank			M D Y 1 0 5 1 4	Amount \$16.68	
Address	Purpose				
2660 E. Main St.	Bank Servi	ice Charge			
City	State	Zip Code	Check Number		
Columbus	OH	43209			
To Whom Paid			M D Y	Amount	
Address	Purpose		1 1 1 1		
City	State	Zip Code	Check Number		
	OH				
To Whom Paid	· •		M D Y	Amount	
Address	Purpose		1 1 1 1 1 1 1		
City	State	Zip Code	Check Number		
	OH				
To Whom Paid		,	M D Y	Amount	
Address	Purpose		<u> </u>		
City	State	Zip Code	Check Number		
	OH				
To Whom Paid			M D Y	Amount	
Address	Purpose				
City	State	Zip Code	Check Number		
	OH				
To Whom Paid			M D Y	Amount	
Address	Purpose		<u> </u>		
City	State OH	Zip Code	Check Number	.,	
To Whom Paid	<u> </u>	<u> </u>	M D Yi	Amount	
]		
Address	Purpose		# .!# .! !		
City	State	Zip Code	Check Number		
	OH				
To Whom Paid	·		M D Y	Amount	
Address	Purpose				
City	State	Zip Code	Check Number		
	OH				
		-			