

Statement of Expenditures

Prescribed by Secretary of State 8/95

Name of Committee in Full										Amount				
LABORERS' INTERNATIONAL UNION OF NORTH AMERICA, LOCAL 423 PCE FUND														
To Whom Paid										M	D	Y	Amount	
Chase Bank										0	6	30	11	16.11
Address										Purpose				
Lockbourne Branch										Bank fees				
City										State	Zip Code		Category Code*	
Cals										0	H	43207		
To Whom Paid										M	D	Y	Amount	
Chase Bank										0	7	31	11	15.77
Address										Purpose				
Lockbourne Branch										Bank fees				
City										State	Zip Code		Category Code*	
Cals										0	H	43207		
To Whom Paid										M	D	Y	Amount	
Chase Bank										0	8	31	11	15.86
Address										Purpose				
Lockbourne Branch										Bank fees				
City										State	Zip Code		Category Code*	
Cals										0	H	43207		
To Whom Paid										M	D	Y	Amount	
Chase Bank										0	9	30	11	16.04
Address										Purpose				
Lockbourne Branch										Bank fees				
City										State	Zip Code		Category Code*	
Cals										0	H	43207		
To Whom Paid										M	D	Y	Amount	
Address										Purpose				
City										State	Zip Code		Category Code*	
To Whom Paid										M	D	Y	Amount	
Address										Purpose				
City										State	Zip Code		Category Code*	
To Whom Paid										M	D	Y	Amount	
Address										Purpose				
City										State	Zip Code		Category Code*	

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

Page Total \$ 63.78