



Statement of Expenditures

Form 31-E

R.C. 3517.10

Full Name of Committee					
Laborers' Local 423					
To Whom Paid			Date (MM/DD/YYYY)		Amount
Klein Committee	. 12/		12/17/20	7/2019 1,000.00	
Street Address	Purpose				
545 East Town St.	Political Contribution				
City	State	Zip	ip Code Check Number		ck Number
Columbus	он	43	43215 1223		23
To Whom Paid	l-man. 4	<u></u>	Date (MM/DD/YYYY)		Amount
Street Address	Purpose				
City	State	Zip Code Check Number		ck Number	
	он				
To Whom Paid	I		Date (MM/DD/YYYY)		Amount
Street Address	Purpose				
City	State	State Zip Code Check Number		ck Number	
	он	-			
To Whom Paid	<u> </u>		Date (MM/DD/YYYY)		Amount
Street Address	Purpose				-
City	State	Zip Code Check Number			
•	он				
To Whom Paid	•		Date (MM/DD/YYYY)		Amount
Street Address	Purpose				
City	State OH	Zip	ip Code Check Number		
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