



## Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee						
Laborers' Local 423						
To Whom Paid	Date (MM/DD/	YYYY)	Amount			
Friends of Hearcel F. Craig		1	10/19/2017			
Street Address	Purpose			<u> </u>		
545 East Town Street	Political C	Political Contribution				
City	State	Zip Code	p Code Check Number			
Columbus	ОН	43215	13215			
To Whom Paid	<del></del>	Date (MM/DD/	YYYY)	Amount		
Street Address	Purpose	Purpose				
City	State	Zip Code		Check Number		
	ОН					
To Whom Paid		Date (MM/DD/	YYYY)	Amount		
Street Address	Purpose	<u> </u>				
City	State	State Zip Code Check Nu		ck Number		
	ОН					
To Whom Paid		Date (MM/DD/	YYYY)	Amount		
Street Address	Purpose	ırpose				
City	State	Zip Code	Che	ck Number		
•	ОН					
To Whom Paid	hom Paid		YYYY)	Amount		
Street Address	Purpose	Purpose				
City	State	Zip Code Check Number				
	ОН					

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