Statement of Expenditures

| | 3 |
|------|---|
| Page | |

Prescribed by Secretary of State 2/01

| Name of Committee in Full Laborers Local 423 | | | | |
|---|------------------------|----------|---|-------------|
| To Whom Paid | | | M D Y | Amount |
| Friends of Ginther | | | 0 3 1 1 1 5 | \$15,000.00 |
| Address | Purpose | | | |
| 545 W. Town St. | Political Contribution | | | |
| City | State | Zip Code | Check Number | |
| Columbus | OH | 43215 | 1176 | |
| To Whom Paid | | | M D Y | Amount |
| Address | Purpose | | - ; | |
| City | State | Zip Code | Check Number | |
| | OH | | Check Mumber | |
| To Whom Paid | | | M D Y | Amount |
| | | | | |
| Address | Purpose | | | |
| City | State OH | Zip Code | Check Number | |
| To Whom Paid | | | MIRIV | America |
| 10 whom raid | | | M | 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 | |
| T NR B | 011, | <u> </u> | W 15 17 | |
| To Whom Paid | | | M D Y | Amount |
| Address | Purpose | | | |
| City | State OH | Zip Code | Check Number | |
| To Whom Paid | <u> </u> | | M D Y | Amount |
| 100 - | | | | |
| Address | Ршроѕе | | | |
| Сіту | State OH | Zip Code | Check Number | |
| To Whom Paid | ·· | | M D Y | Amount |
| Address | Purpose | | 1 1 1 1 1 | |
| | | | | |
| City | State | Zip Code | Check Number | • * |
| | OH. | | | |