



## **Statement of Expenditures**

Form 31-P

R.C. 3517.10

Full Name of Committee	<del></del>					
Laborers' Local 423						
To Whom Paid	<del> </del>		Date (MM/DD/YYYY)		Amount	
Friends of Larry Householder			03/13/201		9 2,500.00	
Street Address Purpose						
207 N. Market St.	Political Contribution					
City	State	Zip Code Check Number				
Somerset	ОН	43783 1216				
To Whom Paid	<del></del>		Date (MM/DD/YYYY)		Amount	
Street Address	Purpose					
City	State	Zip Code Check Number				
	ОН					
To Whom Paid	<u> </u>		Date (MM/DD/YYYY)		Amount	
Street Address	Purpose	1			<u> </u>	
City	State	Zip Code Check Number				
	ОН					
To Whom Paid	<u> </u>		Date (MM/DD/YYYY)		Amount	
Street Address Purpose		i				
City	State	Zip (	Code	Che	eck Number	
	ОН					
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Street Address	Purpose	Purpose				
City	State	Zip Code Check Number		eck Number		
	ОН					

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