



Statement of Expenditures

Form 31-B

R.C. 3517.10

| | | | |
|--|-------------|-----------------------------------|----------------------|
| Full Name of Committee Laborers' Local 423 | | | |
| To Whom Paid Citizens for Stephanie Kunze | | Date (MM/DD/YYYY) 10/9/2019 | Amount 500.00 |
| Street Address 865 Macon Alley | | Purpose Political Contribution | |
| City Columbus | State OH | Zip Code 43206 | Check Number 1222 |
| To Whom Paid | | Date (MM/DD/YYYY) | Amount |
| Street Address | | Purpose | |
| City | State OH | Zip Code | Check Number |
| To Whom Paid | | Date (MM/DD/YYYY) | Amount |
| Street Address | | Purpose | |
| City | State OH | Zip Code | Check Number |
| To Whom Paid | | Date (MM/DD/YYYY) | Amount |
| Street Address | | Purpose | |
| City | State OH | Zip Code | Check Number |
| To Whom Paid | | Date (MM/DD/YYYY) | Amount |
| Street Address | | Purpose | |
| City | State OH | Zip Code | Check Number |
| To Whom Paid | | Date (MM/DD/YYYY) | Amount |
| Street Address | | Purpose | |
| City | State OH | Zip Code | Check Number |

Page Total \$ 500.00