



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Laborers' Local 423				
To Whom Paid Friends of Rob Dorans			Date (MM/DD/YYYY) 05/15/2019	Amount 5,000.00
Street Address 222 E. Town St. Suite 2W		Purpose Political Contribution		
City Columbus	State OH	Zip Code 43215	Check Number 1217	
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 \$ 5,000.00