

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Page 2

Name of Committee in Full <b>Laborers Local 423</b>									
To Whom Paid <b>Miller for Ohio</b>						M	D	Y	Amount <b>\$5,000.00</b>
						1	1	0	1
						1	1	6	
Address <b>545 E. Town St.</b>			Purpose <b>Political Contribution</b>						
City <b>Columbus</b>			State <b>OH</b>	Zip Code <b>43212</b>		Check Number <b>1195</b>			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State <b>OH</b>	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State <b>OH</b>	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State <b>OH</b>	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State <b>OH</b>	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State <b>OH</b>	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State <b>OH</b>	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State <b>OH</b>	Zip Code		Check Number			

Page Total **\$5,000.00**