

Statement of Contributions Received

Prescribed by Secretary of State 03/05

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Reset Form

Name of Committee in Full CMAGE/Communiation Workers of America, Local 4205 PCE									
Full Name of Contributor Proceeds from Dues						Registration Number, if PAC			
Street Address 620 East Broad St., Suite 100			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Interest		
City Columbus		State OH		Zip Code 43215		M 1	D 2	Y 3	Amount \$0.24
Full Name of Contributor Proceeds from Dues						Registration Number, if PAC			
Street Address 620 East Broad St., Suite 100			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Dues		
City Columbus		State OH		Zip Code 43215		M 0	D 1	Y 2	Amount \$8,000.00
Full Name of Contributor Proceeds from Dues						Registration Number, if PAC			
Street Address 620 East Broad St., Suite 100			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Interest		
City Columbus		State OH		Zip Code 43215		M 0	D 1	Y 3	Amount \$0.31
Full Name of Contributor Proceeds from Dues						Registration Number, if PAC			
Street Address 620 East Broad St., Suite 100			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Interest		
City Columbus		State OH		Zip Code 43215		M 0	D 2	Y 2	Amount \$0.40
Full Name of Contributor Proceeds from Dues						Registration Number, if PAC			
Street Address 620 East Broad St., Suite 100			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Interest		
City Columbus		State OH		Zip Code 43215		M 0	D 3	Y 3	Amount \$0.24
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH		Zip Code		M	D	Y	Amount

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Print Form

Page Total **\$8,001.19**