

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Reset Form

Name of Committee in Full CMAGE/Communications Workers of America, Local 4502 PCE										
Full Name of Contributor Proceeds from dues funds						Registration Number, if PAC				
Street Address 620 East Broad Street, Suite 100			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check				
City Columbus		State OH <input checked="" type="checkbox"/>	Zip Code 43215		M 0		D 3		Y 08	
						Amount \$500.00				
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
City		State OH <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>	Zip Code		M		D		Y	
						Amount				
Full Name of Contributor						Registration Number, if PAC				
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City		State OH <input checked="" type="checkbox"/>	Zip Code		M		D		Y	
						Amount				
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City		State OH <input checked="" type="checkbox"/>	Zip Code		M		D		Y	
						Amount				
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City		State OH <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>	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)]

Page Total **\$500.00**