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## **Statement of Contributions Received**

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Prescribed by Secretary of State 03/05

Name of Committee in Full CMAGE/Communications Workers	of America, Loca	I 4502 PCE					
Full Name of Contributor Proceeds from dues funds			Registra	tion Nun	iber, if P/	VC	
Street Address 1350 W. 5th Avenue, Suite 300		Employer/Occupation/Labor Organization* CMAGE/Communications Workers of America, Local 4502				Form (Cash, Check, etc.)	
City Columbus	State OH	Zip Code 43212	1 0	1 9	1 1	Amount \$1,000.00	
Full Name of Contributor Proceeds from dues funds			Registra	tion Nun	iber, if PA		
Street Address 1350 W. 5th Avenue, Suite 300		Employer/Occupation/Labor Organization* CMAGE/Communications Workers of America, I			502	Fonn (Cash, Check, etc.)	
City Columbus	State OH	Zip Code 43212	1 <sup>M</sup> 0	2 1	1 1	Amount \$500.00	
Full Name of Contributor Proceeds from dues funds Registration Number, if PAC							
Street Address 1350 W. 5th Avenue, Suite 300		/Occupation/Labor Organization* Form (Cash, Check, etc. SE/Communications Workers of America, Local 4502					
City Columbus	State OH	Zip Code 43212	1 0	2 5	1 1 1	Amount \$1,000.00	
Full Name of Contributor			Registra	tion Nun	iber, if P/	.C	
Street Address	Employer/Occu	pation/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/Occu	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.).	
City	State OH	Zip Code	M	D	Y	Amount	
Full Name of Contributor			Registra	ition Nun	nber, if PA	AC .	
Street Address	Employes/Occu	Employer/Occupation/Labor Organization				Form (Cash, Cheek, etc.)	
City	State OH	Zip Code	M	D	Y	Amount	
Full Name of Contributor			Registr	ition Nun	aber, if Pa	vc	
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
City	State OH	Zip Code	М	D	Y	Amount	
Full Name of Contributor			Registra	tion Nur	aber, if Pa	AC .	
Street Address	Employer/Occu	pation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount	

Page Total \$2,500.00

<sup>\*</sup> 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)]