

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full CMAGE/Communication Workers of America, Local 4205 PCE									
Full Name of Contributor Proceeds from Dues						Registration Number, if PAC			
Street Address 620 East Broad Street, 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 \$0.20	
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	
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City		State OH	Zip Code		M	D	Y	Amount	
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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)]

Page Total **\$0.20**