

# Statement of Expenditures

Prescribed by Secretary of State 2/01

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**Reset Form**

Name of Committee in Full <b>CMAGE/Communication Workers of America, Local 4502 PCE</b>									
To Whom Paid <b>Friends of Shannon Hardin</b>						M	D	Y	Amount <b>500.00</b>
Address <b>545 East Town Street</b>						Purpose <b>Election Contribution</b>			
City <b>Columbus</b>						State <b>OH</b>	Zip Code <b>43215</b>		Check Number <b>6531</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
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State <b>OH</b>	Zip Code		Check Number

**Print Form**

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