Statement of Expenditures

2

Prescribed by Secretary of State 2/01

Reset Form

Name of Committee in Full CMAGE/Communication Workers of America, Local 4502 PCE					
To Whom Paid Friends of Shannon Hardin			о ^м 3	0 8 1 6	Amount 500.00
Address 545 East Town Street	Purpose Election Contribution				
City Columbus	State OH 🔽	Zip Code 43215	Check Number 6531		**************************************
To Whom Paid			M	D	Amount
Address	Purpose				
City	State OH 🔽	Zip Code	Check N	lumber	No.
To Whom Paid			M	D Y	Amount
Address	Purpose				
City	State M	Zip Code	Check Number		10 m
To Whom Paid			M	D Y	Amount
Address	Purpose			<u> </u>	•
City	State OH	Zip Code	Check Number		
To Whom Paid			M	D Y	Amount
Address	Purpose				***
City	OH 💽	Zip Code	Check Number		Ç _n
To Whom Paid			M	D Y	Amount
Address	Purpose				
City	OH 🔄	Zip Code	Check Number		
To Whom Paid	,		М	D Y	Amount
Address	Purpose		•	-1	
City	OH 🔽	Zip Code	Cheek Number		
To Whom Paid			M	D Y	Amount
Address	Purpose		-	·	
City	State OH 🔽	Zip Code	Check N	Number	-

Print Form

Page Total 500