



## **Statement of Contributions Received**

Form 31-A ORC 3517,10

Full Name of Committee	ani sean	DCE -				
CMAGE/Communication Workers of America, Lo	JCBI 45U2					
Full Name of Contributor			]	Registration Numbe	or, if PAC	
Proceeds from Dues						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
620 E. Broad Street, Suite 100	CMAGE/CWA, Local 4502			Interest		
1 <sup>-</sup> *					Amount	
Columbus	OH .	43215	01/31/2019		\$0.20	
Full Name of Contributor				Registration Number	IF, If PAC	
Proceeds from Dues				·		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
620 E. Broad Street, Suite 100	CMAGE/	CMAGE/CWA, Local 4502			Interest	
,		Zip Code	Date (MM/DE	(איצאס	Amount	
Columbus	OH	43215		02/28/2019	\$0.18	
Full Name of Contributor				Registration Number	Br, If PAC	
Proceeds from Dues						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
620 E. Broad Street, Suite 100				Interest		
1007		Zip Code	Date (MM/DD/YYYY)		Атоил	
Columbus	ОН	43215	03/31/2019		\$0.20	
Full Name of Contributor	······································			Registration Number, if PAC		
Street Address	Employeri	/Occupation/Labor Org	panization*		Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/D	DAYYY)	Amount	
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Full Name of Contributor			F		Registration Number, if PAC	
	\					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
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City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
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\*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 payroli 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)]

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Page Total \$0.58					
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