Statement of Contributions Received

Page 1

Prescribed by Secretary of State 03/05

Name of Committee in Full				
CMAGE/Communications Workers of A	America, Lo	cal 4502 PCE		
Full Name of Contributor			Registration Number, if PAC	
Proceeds from Dues Funds				
Street Address	Employer/Occu	pation/Labor Organization	•	Form (Cash, Check, etc.) DUES
620 East Broad Street, Suite 100		17:- 0-4-	101010	
City Columbus	State OH	Zip Code 43215	D 5 0 1 1 1	Amount \$1,779.55
Full Name of Contributor	.		Registration Number, i	f PAC
Proceeds from Dues Funds				- 11
Street Address	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)
620 East Broad Street, Suite 100				Interest
City 620 East Broad Street, Suite 100	State OH	Zip Code 43215	M	Amount 3 \$0.08
Full Name of Contributor			Registration Number, i	f PAC
Proceeds from Dues Funds				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
620 East Broad Street, Suite 100		Ter o ;		Dues
City Columbus	State OH	Zip Code 43215	0 6 2 4 1	6 \$5,000.00
Full Name of Contributor	1		Registration Number, i	f PAC
Proceeds from Dues Funds				
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)
620 East Broad Street, Suite 100	State	Zip Code	ा स्राचान	Dues Amount
City Columbus	OH	43215	p 6 2 8 1 3	.
Full Name of Contributor Proceeds from Dues Funds				
Street Address	la	d # 1		Form (Cash, Check, etc.)
620 East Broad Steet, Suite 100	Employer/Occu	pation/Labor Organization		Dues
City	State	Zip Code	мру	Amount
Columbus	OH,	43215	0 6 2 8 1	6 \$1,000.00
Il Name of Contributor			Registration Number, if PAC	
Procees for Dues Funds				
Street Address 620 East Broad Street, Suite 100	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Interest
City	State	Zip Code	M D Y	Amount
Columbus	OH	43215	0 6 3 0 1	\$ \$0.13
Full Name of Contributor		***	Registration Number, i	f PAC
Street Address Employer/Occupation/Labor Organization Form (Cash, Check, t				
	Employer/Occupation Capon Organization			
City	State	Zip Code	M D Y	Amount
Edition of Cartillate	ОН	43215	D-is-si- Nu-les	CDA C
Full Name of Contributor Registration Number, if PAC				
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)
City	State	Zip Code	MDY	Amount
	ОН			

^{*} 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)]