



Statement of Contributions Received

Form 31-A

ORC 3517.10

nerica, Local 45	02 PCE			
Full Name of Contributor Registration N			Registration Number	er, if PAC
Employe	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
CMAG	CMAGE/CWA, Local 4502			Balance Transfer
State	Zip Code	Date (MM/DD	/YYYY)	Amount
ОН	43215		4/8/2019	\$1000
			Registration Number	er, if PÁC
Employ	nployer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
State OH	Zip Code	Date (MM/DE	D/YYYY)	Amount
	Registration Number if PAC			
Employ	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
State OH	Zip Code	Date (MM/DD/YYYY)		Amount
			Registration Numb	er, if PAC
Employ	yer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
State	Zip Code	Date (MM/DI	DMYYY)	Amount
	Registration Nur			per, if PAC
Employ	oloyer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
State	Zip Code	Date (MM/D	D/YYYY)	Amount
	Employs CMAGI State OH Employs State OH Employ State OH Employ	State Zip Code OH 43215 Employer/Occupation/Lab State Zip Code OH Zip Code OH Zip Code OH Zip Code Employer/Occupation/Lab State Zip Code OH Zip Code Employer/Occupation/Lab	Employer/Occupation/Labor Organization* CMAGE/CWA, Local 4502 State Zip Code	Employer/Occupation/Labor Organization* CMAGE/CWA, Local 4502 State Zip Code OH 43215 Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization*

*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 \$1000	