



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee CMAGE/Communication Workers of America, Local 4502 PCE				
Full Name of Contributor Dues			Registration Number, if PAC	
Street Address 620 E. Broad Street, Suite 100		Employer/Occupation/Labor Organization* Communication Workers Of America, Local 4502		Form (Cash, Check, etc.) Bank Transfer
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 06/28/2019	Amount \$4,500.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
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Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount

*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 \$4,500.00