31-A							
R C 3517	10						

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full CMAGE/Communications Workers of Ame	rica, Local	4502 PCE				_		
Pull Name of Contributor Proceeds from dues funds			Registrat	ion Num	ber, if P	AC .		
Street Address .	Employed Octobra	tion/Labor Overnientian*				Form (Cash, Check, etc.)		
1350 W. 5th Avenue, Suite 300	Employer/Occupation/Labor Organization CMAGE/Communications Workers of America, Local 4502				Dues			
City Columbus	Stake OH	Zip Code 43212	0 2	D D 7	1 3	Amount ` \$250.00		
Full Name of Contributor Registration Number, if PA								
Proceeds from dues funds			Ľ					
Street Address .	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)		
1350 W. 5th Avenue, Suite 300	CMAGE/Communications Workers of America, Local 4502				Dues			
City	State	Zip Code	M	ַ ם	Y	Amount		
Columbus	ОН	43212	0 4		1 3	\$250.00		
ull Name of Contributor Registration Number, if					10 cz, 11 r <i>i</i>	ic.		
Street Address	Employer/Occupat	ployer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor	Registration Number, it			ber, if P	AC .			
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount .		
Full Name of Contributor					Registration Number, if PAC			
Street Address	Employet/Occupation/Labor Organization			Form (Cash, Check, etc.)				
City	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor			Registration Number, if PAC					
Street Address	Employer/Occupa	tion/Labor Organization				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount		
Ful! Name of Contributor Registration Number, if					bez, if P.	AC		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor Registration Number, if F						AC		
Street Address	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)				
City	State	Zip Code	M	D	Y	Amount		

Page Total \$500.00

^{*} 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)]