



Statement of Expenditures

Form 31-8

R.C. 3517.10

Full Name of Committee							
CMAGE/Communication Workers of America	a, Local 4502 PCE						
To Whom Paid	Date (MM/DD/Y	YYY)	Amount				
Friends of Shannon Hardin			06/28/2019	\$1,000.00			
Street Address							
545 East Town Street	Campaign	Campaign Donation					
City	State	Zip Code Check Number					
Columbus	он	43215 1051					
To Whom Paid		Date (MM/DD/Y	YYY)	Amount			
Street Address	Purpose						
City	State	Zip Code	Che	Chack Number			
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To Whom Paid		Date (MM/DD/)	(YYY)	Amount			
Street Address	Purpose			<u> </u>			
City	State	State Zip Code		Check Number			
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To Whom Paid		Date (MM/DD/	YYYY)	Amount			
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City.	State	Złp Code	Ch	eck Number			
City	он						
To Whom Paid	iom Paid		Date (MM/DD/YYYY)				
Street Address	Purpose						
City	State	Zip Code	Ch	Check Number			
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