



Statement of Expenditures

Form 31-8

R.C. 3517.10

| | | | | |
|---|--------------------|--|-----------------------------|-----------------------------|
| Full Name of Committee CMAGE/Communication Workers of America, Local 4502 PCE | | | | |
| To Whom Paid Friends of Shannon Hardin | | Date (MM/DD/YYYY) 06/28/2019 | | Amount \$1,000.00 |
| Street Address 545 East Town Street | | Purpose Campaign Donation | | |
| City Columbus | State OH | Zip Code 43215 | Check Number 1051 | |
| To Whom Paid | | Date (MM/DD/YYYY) | | Amount |
| Street Address | | Purpose | | |
| City | State OH | Zip Code | Check Number | |
| To Whom Paid | | Date (MM/DD/YYYY) | | Amount |
| Street Address | | Purpose | | |
| City | State OH | Zip Code | Check Number | |
| To Whom Paid | | Date (MM/DD/YYYY) | | Amount |
| Street Address | | Purpose | | |
| City | State OH | Zip Code | Check Number | |
| To Whom Paid | | Date (MM/DD/YYYY) | | Amount |
| Street Address | | Purpose | | |
| City | State OH | Zip Code | Check Number | |
| To Whom Paid | | Date (MM/DD/YYYY) | | Amount |
| Street Address | | Purpose | | |
| City | State OH | Zip Code | Check Number | |

Page Total \$1,000.00