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Statement of Contributions Received

Prescribed by Secretary of State 03/05

| Name of Committee in Full CMAGE/Communications Workers | of America Loca | 1.4502 PCF | | | | |
|--|------------------|--|---------------|-----------------------------|----------------------------------|--|
| Full Name of Contributor | or America, Loca | | . Registratio | on Number, if P. | AC | |
| Proceeds from dues funds | | | 1 | · | | |
| Street Address | Employer/Occu | pation/Lubor Organization | | | Form (Cash, Check, etc.) | |
| 1350 W. 5th Avenue, Suite 300 | | ers of America, Lo | cal 4502 | Dues | | |
| City Columbus | State OH | Zip Code 43212 | 0 7 2 | 5 1 2 | Amount \$500.00 | |
| Full Name of Contributor | | | Registratio | on Number, if P. | AC | |
| Proceeds from dues funds | | | | | | |
| Street Address 1350 W. 5th Avenue, Suite 300 | | Employer/Occupation/Labor Organization CMAGE/Communications Workers of America, Local 4502 | | | Form (Cash, Check, etc.) Dues | |
| City Columbus | State OH | Zip Code 43212 | 0 7 2 | D Y 2 6 1 2 | Amount \$500.00 | |
| Name of Contributor Proceeds from dues funds | | | Registration | Registration Number, if PAC | | |
| Street Address 1350 W. 5th Avenue, Suite 300 | 1 | Employer/Occupation/Labor Organization CMAGE/Communications Workers of America, I | | | Form (Cash, Check, etc.) Dues | |
| City . Columbus | State OH | Zip Code 43212 | 0 9 | 1 0 1 2 | Amount \$2,000.00 | |
| Pull Name of Committee Proceeds from dues funds | | | | on Number, if P | AC | |
| Street Address Employer/Occupation/Labor Organization | | | | | Form (Cash, Check, etc.) | |
| 1350 W. 5th Avenue, Suite 300 | CMAGE/C | CMAGE/Communications Workers of America, Local 4502 | | | Dues | |
| Cay Columbus | Supe OH | Zip Code 43212 | 0 9 | 2 6 1 2 | Amount \$250.00 | |
| Full Name of Contributor | | | Registrati | on Number, if F | AC. | |
| Street Address | Employer/Occu | Employer/Occupation/Labor Organization | | | Form (Cash, Check, etc.) | |
| City | State | Zip Code | М | D Y | Amount | |
| Full Name of Contributor Regist | | | | ion Number, if I | AC | |
| Street Address | Employer/Occu | Employer/Occupation/Labor Organization | | | Form (Cash, Chrok, etc.) | |
| Сіту | Stoke | Zip Code | М | D Y | Amount | |
| Full Name of Contributor Registration Number, | | | | ion Number, if I | PAC | |
| Street Address | Employer/Occu | Employer/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/Occi | Employer/Occupation/Labor Organization | | | Form (Cash, Check, etc. | |
| City | State | Zip Code | M | D Y | 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)]