

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full CMAGE/Communications Workers of America, Local 4502 PCE									
Full Name of Contributor Proceeds from dues funds							Registration Number, if PAC		
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		M 0		D 7	
						Y 2		Amount \$500.00	
Full Name of Contributor Proceeds from dues funds							Registration Number, if PAC		
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		M 0		D 7	
						Y 2		Amount \$500.00	
Full Name of Contributor Proceeds from dues funds							Registration Number, if PAC		
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		M 0		D 9	
						Y 1		Amount \$2,000.00	
Full Name of Contributor Proceeds from dues funds							Registration Number, if PAC		
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		M 0		D 9	
						Y 2		Amount \$250.00	
Full Name of Contributor							Registration Number, if PAC		
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 PAC		
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 PAC		
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 PAC		
Street Address				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)]

Page Total **\$3,250.00**