

## Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>CMAGE/Communication Workers of America, Local 4205 PCE</b>							
Full Name of Contributor <b>Proceeds from Dues</b>						Registration Number, if PAC	
Street Address <b>620 East Broad Street, Suite 100</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Interest</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>	M <b>1</b>	D <b>0</b>	Y <b>12</b>	Amount <b>\$0.28</b>
Full Name of Contributor <b>Proceeds from Dues</b>						Registration Number, if PAC	
Street Address <b>620 East Broad Street, Suite 100</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Interest</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>	M <b>1</b>	D <b>1</b>	Y <b>30</b>	Amount <b>\$0.19</b>
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State <b>OH</b>	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 <b>OH</b>	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
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City		State <b>OH</b>	Zip Code	M	D	Y	Amount
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City		State <b>OH</b>	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 <b>OH</b>	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 **\$0.47**