



Statement of Contributions Received

Form 31-A ORC 3517.10

Full Name of Committee					
CMAGE/Communication Workers of America	a, Local 45(02 PCE			
Full Name of Contributor				Registration Number, if PAC	
Proceeds from Dues				, rogionamon (tanto	an, ii + 1966
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
620 E. Broad Street, Suite 100	CMAGE	CMAGE/CWA, Local 4502			Interest
City	State	Zip Code	Date (MM/D	DYYYY)	Amount
Columbus	ОН	43215		12/31/2018	\$0.20
Full Name of Contributor				Registration Numb	er, if PAC
Street Address	Employe	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)			
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Full Name of Contributor				Registration Numb	I er, if PAC
Street Address	Employe	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY) Amount		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employe	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/O	D//YY)	Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employe	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
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*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(8)(4)]

Page Total	\$0.20	
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