



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee CMAGE/Communication Workers of America, Local 4502 PCE				
To Whom Paid Opportunity City PAC		Date (MM/DD/YYYY) 04/25/2019		Amount \$2500
Street Address 545 East Town Street		Purpose Contribution		
City Columbus	State OH	Zip Code 43215	Check Number 1049	
To Whom Paid Friends of Danny O'Connor		Date (MM/DD/YYYY) 06/05/2019		Amount \$500
Street Address 545 E. Town Street		Purpose Contribution		
City Columbus	State OH	Zip Code 43215	Check Number 1050	
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 \$ 3000