

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 620 East Broad Street, Suite 100		Employer/Occupation/Labor Organization* CMAGE/Communications Workers of America, Local 4502				Form (Cash, Check, etc.) Dues	
City Columbus	State OH	Zip Code 43215	M 0	D 6	Y 1	Amount \$1,000.00	
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	
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City	State	Zip Code	M	D	Y	Amount	
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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 **\$1,000.00**