Statement of Expenditures

Page ____

Prescribed by Secretary of State 2/01

Name of Committee in Full CMAGE/Communications Workers of Amer	rica, Local 4	1502 PCE		·
To Whom Paid	·		M D Y	Amount
Paley for Columbus			0 2 0 7 1 3	\$250.00
Address P.O. Box 1776	Purpose Election Co	ntribution	· · · · · · · · · · · · · · · · · · ·	-
City Columbus	Stațe OH	Zip Code 43216	Check Number 5547	-
To Whom Paid Citizens for Dorrian Committee	<u> </u>		M D Y 1 3	Amount \$250.00
Address 425 Derrer Road	Purpose Election Co	ntribution		
City Columbus	State OH	Zip Code 43204	Check Number 5609	
To Whom Paid			M D Y	Amount
Address	Purpose		<u> </u>	
City	State	Zip Code	Check Number	
To Whom Paid	<u> </u>		M D Y	Amount
Address .	Purpose			
City	State	Zîp Codé	Check Number	
To Whom Pzid			M D Y	Amount
Address	Purpose			
City	State	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose			
City	State	Zip Code	Check Number	
To Whom Paid	·		M D Y	Amount
Address	Purpose		<u></u>	
City	State	Zip Code	Check Number	
To Whom Paid	<u> </u>		M D Y	Amount
Address	Purpose			
City	State	Zip Code	Check Number	