



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		Date (MM/DD/YYYY)	Amount
Friends of Elizabeth Brown		03/28/2019	\$1000
Street Address		Purpose	
545 East Town Street		Election Contribution	
City	State	Zip Code	Check Number
Columbus	OH	43215	1048
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State	Zip Code	Check Number
	OH		
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State	Zip Code	Check Number
	OH		
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State	Zip Code	Check Number
	OH		
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State	Zip Code	Check Number
	OH		

Page Total \$ 1000