

## Statement of Contributions Received

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Form 31-A ORC 3517.10

Full Name of Committee						
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COLUMBUS FIREFIGHTERS UNION L-67 PA	CFUND					
Full Name of Contributor	Registration Number, if PAC					
TRANSFER OF 1536 INDIVIDUAL MEMBERSHIP DUES						
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Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
379 WEST BROAD STREET	ł				ONLINE TRANSFER	
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
COLUMBUS	ОН	43215	08/23/2017		1,536.00	
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Full Name of Contributor		Registration Nu			nber, if PAC	
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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(B)(4)]

Page	Total	1,536.	.00		
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