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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full										
COLUMBUS FIREFIGHTERS UNION L-67 PAC FUND										
Full Name of Contributor			Registration Number, if PAC							
Transfer of 1535 individual membership of										
Street Address	Employer/	Occupati	ion/Labor Organization*						Form (Cash, Check, etc.)	
379 WEST BROAD ST.			In a 1	1			1 -3		CHECK	
COLUMBUS	Star	te H	Zip Code 43215		. -	2 7	Y 1	7	Amount 1,535.00	
Full Name of Contributor			10210		_			_		
Full Name of Contributor Registration Number, if PAC Transfer of 1535 individual membership dues										
Street Address		Occupat	ion/Labor Organization*						Form (Cash, Check, etc.)	
379 WEST BROAD ST.	1							1	CHECK	
City	Stat	te	Zip Code	M	Т	D	Y		Amount	
COLUMBUS	0	Н	43215	0 2	$2 \mid 2$	2 4	1	7	1,535.00	
Full Name of Contributor	<u> </u>			Registi	ation	Numb	er, if I	PAC		
Transfer of 1525 individual membership dues										
Street Address		Occupat	ion/Labor Organization*						Form (Cash, Check, etc.)	
379 WEST BROAD ST.									CHECK	
City	Sta		Zip Code	М	T	D	Y		Amount	
COLUMBUS	0	Н	43215	0 3	3 2	2 3	1	7	1,525.00	
Full Name of Contributor Registration Number, if PAC										
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)				
City	Sta	te	Zip Code	М	T	D	Y		Amount	
Full Name of Contributor			<u> </u>	Registi	ration	ı Numt	er, if I	PAC		
				1						
Street Address	Employer/	Occupat	ion/Labor Organization*						Form (Cash, Check, etc.)	
City	Sta	te	Zip Code	М	Т	D	Y	\neg	Amount	
Full Name of Contributor Registration Number, if PAC								PAC	!	
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
City	Sta	te	Zip Code	M	T	D	Y		Amount	
Full Name of Contributor Registration Number, if PAC						PAC				
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)					
City	Sta	te	Zip Code	М		D	Y		Amount	
Full Name of Contributor Registration Number, if PAC						PAC				
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
City	Sta	ite	Zip Code	М		D	Y		Amount	

Page Total \$ 4,595.00

^{*} 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 appear. [R.C. 3517.10(B)(4)]