

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full	-						-		$\neg$
COLUMBUS FIREFIGHTERS UNION 1	L-67 P	AC F	FUND						
Full Name of Contributor				Regis	trat	ion Num	ber, if P/	ıC	
Transfer of 2958 individual membershi	p dues	s							
Street Address			tion/Labor Organization*	•				Form (Cash, Check, etc.)	_
379 WEST BROAD ST.								CHECK	
City	Sta	te	Zip Code	М	П	D	Ÿ	Amount	
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Full Name of Contributor	<u>.                                     </u>		1	_	_		ber, if P/		
Transfer of 1485 individual membershi	p dues	s							
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Full Name of Contributor			10210				ber, if PA		$\overline{}$
Transfer of 1485 individual membershi	n due	2					, ,	•	
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Street Address	Employer	/Occupa	tion/Labor Organization*	<u> </u>				Form (Cash, Check, etc.)	_
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Full Name of Contributor				Regis	trati	ion Num	ber, if PA	iC .	
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Street Address	i employer	/Occupa	tion/Labor Organization*					Form (Cash, Check, etc.)	
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City	Sta	te	Zip Code	I M		Đ	Y	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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 5,928.00
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