

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 Transfer of 1511 individual membership dues						Registration Number, if PAC			
Street Address 379 WEST BROAD ST.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State O H		Zip Code 43215		M 0 1	D 0 2	Y 1 5	Amount 1,511.00
Full Name of Contributor Transfer of 1511 individual membership dues						Registration Number, if PAC			
Street Address 379 WEST BROAD ST.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State O H		Zip Code 43215		M 0 2	D 0 1	Y 1 5	Amount 1,511.00
Full Name of Contributor Transfer of 1523 individual membership dues						Registration Number, if PAC			
Street Address 379 WEST BROAD ST.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State O H		Zip Code 43215		M 0 3	D 0 1	Y 1 5	Amount 1,523.00
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount

* 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)}