

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			 			-					
COLUMBUS FIREFIGHTERS UNION	L-67 P.	AC I	FUND								
Full Name of Contributor						Registration Number, if PAC					
Transfer of 1511 individual membershi			┸					Fam (Cash Charlessa)			
379 WEST BROAD ST.	Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.) CHECK		
City	Star		Zip Code	М		D	Y	.	Amount		
COLUMBUS	0	Н	43215	0		012		5	1,511.00		
Full Name of Contributor Registration Number, if PA									iC .		
Transfer of 1511 individual membershi	IVIGUAL membership dues Employer/Occupation/Labor Organization*								[
Street Address 379 WEST BROAD ST.	Employer	/Occupa						Form (Cash, Check, etc.) CHECK			
City	Stat	ic .	Zip Code	M		D	Y	•	Amount		
COLUMBUS	01	Η	43215	0	2	0 1	1	5	1,511.00		
Full Name of Contributor				Reg	istra	tion Nun	nber, i	if PA	C		
Transfer of 1523 individual membership dues											
Street Address	Employer					Form (Cash, Check, etc.)					
379 WEST BROAD ST.	<u> </u>		I			_			CHECK		
COLUMBIC	Stat	ie H	Zip Code	M		D	Y		Amount		
COLUMBUS Full Name of Contributor	<u> </u>	11	43215			0 1	1		1,523.00		
Tall Name of Controllor				Registration Number, if PAC							
Street Address	Employer						Form (Cash, Check, etc.)				
City	Stat	te	Zip Code	М		D 	Y		Amount		
Full Name of Contributor Registration Number, if F								f PA	c		
Street Address	Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)		
City	State		Zip Code	М		D	ΙΥ	-	Amount		
	1										
Full Name of Contributor Registration Number, if F								f PA	c		
Street Address	Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)		
	<u> </u>		T	T		_	т				
City	Stat	te	Zip Code	M		D	Y		Amount		
Full Name of Contributor Registration Number, if PA								c			
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)			
City	Sta	te	Zip Code	M		D 	Y	1	Amount		
Full Name of Contributor Registration Number, if PA								.c			
Street Address	Employer						Form (Cash, Check, etc.)				
City	Sta	te	Zip Code	М		D 	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 \$ 4,545.00