Page	- Control	-	

4,484.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Eall										
Name of Committee in Full COLUMBIA CIPETCHTERS LINION L. 67 PAC ELINIO										
COLUMBUS FIREFIGHTERS UNION L-67 PAC FUND Full Name of Contributor				Registration Number, if PAC						
					Togistation Italinosi, il 1110					
Transfer of 1497 individual membershi			tion/Labor Organization*	<u> </u>			Form (Cash C	heck etc.)		
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.) CHECK			
379 WEST BROAD ST.			I	T		1 77		N.		
City	Sta		Zip Code	M	D	1 1	Amount	4 407 00		
COLUMBUS	0	Н	43215	0 7	0 7	0 9		1,497.00		
Full Name of Contributor Registration Number, if PAC										
Transfer of 1495 individual membership dues										
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)			
379 WEST BROAD ST.							CHECK			
City	Sta	ate	Zip Code	M	D	Y	Amount			
COLUMBUS	0	H	43215	0 7	2 1	0 9		1,495.00		
Full Name of Contributor						ber, if PA	.C			
Transfer of 1492 individual membership dues										
Street Address	492 Individual membership dues Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)									
	Employe	r/Occupa	monte Datoor Organization				CHECK			
379 WEST BROAD ST.	G		Zip Code	M	D	Y	Amount	1		
City	Sta		1 '		1		Amoun	1 400 00		
COLUMBUS		Н	43215	0 8		0 9	<u></u>	1,492.00		
Full Name of Contributor Registration Number, if PAC										
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check,				Check, etc.)		
City	Sta	ate	Zip Code	M	D	Y	Amount			
Full Name of Contributor Registration Number, if PA							vC			
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
City	St	ate	Zip Code	M	D	Y	Amount			
			1							
Full Name of Contributor				Registra	ation Nun	nber, if PA	AC			
Full Name of Contributor Registration Number, if PA										
Street Address Employer/Occupation/Labor Organization*							Form (Cash,	Check etc.)		
Street Address	Employer/Occupation/Labor Organization						om (cash,	chook, otc.)		
	ļ		Tation	1 57	T 5	7 37	1			
City	St	ate	Zip Code	M	D	Y	Amount			
					بإبا					
Full Name of Contributor Registration Number, if PA							AC			
Street Address	Employer/Occupation/Labor Organization*						Form (Cash,	Check, etc.)		
City	St	tate	Zip Code	М	D	Y	Amount			
Full Name of Contributor Registration Number, if PAC										
Williams of Commonter										
Street Address	Employer/Occupation/Labor Organization*					Form (Cash,	Check, etc.)			
Succt Address										
	-	tota	Zip Code	М	T D	Y	Amount			
City	51	tate 	Zip Code	IVI	'		2 mount			

^{*} 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 \$