Page	12

Page Total \$ 6,200.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full									*	
Name of Committee in Full COLUMBLIC EXPERICHTEDS LINKON	I 67 E	ACI	ELINID							
COLUMBUS FIREFIGHTERS UNION L-67 PAC FUND Full Name of Contributor					Registration Number, if PAC					
Transfer of individual membership dues					Acegistration Pulliber, if I AC					
Street Address		Ь—				Form (Cash	Check, etc.)			
379 WEST BROAD ST.	Employer/Occupation/Labor Organization*							CHECK		
City	State Zip Code		Zip Code	M D Y		Y	Amount			
COLUMBUS		H	43215	0	6	2 3	1 9		1,550.00	
Full Name of Contributor	<u> </u>		40210				ber, if P	AC	1,000.00	
Transfer of individual membership du	es			ľ			,			
Street Address	Employer/Occupation/Labor Organization*				_			Form (Cash,	Check, etc.)	
379 WEST BROAD ST.						CHECK				
City	Sta	ite	Zip Code	М	Т	D	Y	Amount		
COLUMBUS	lol	Н	43215	lol	7 l	2 9	1 9		1,550.00	
Full Name of Contributor					_	_	ber, if P	AC		
Transfer of individual membership dues										
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)		
379 WEST BROAD ST.								CHE	CK	
City	Sta	ate	Zip Code	M	T	D	Y	Amount		
COLUMBUS	0	Н	43215	0	8	2 7	1 9		1,550.00	
Full Name of Contributor			,	Regis	tratio	on Num	ber, if P.	AC		
Transfer of individual membership dues										
Street Address	Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)	
379 WEST BROAD ST.								CHECK		
City	State		Zip Code	M		D	Y	Amount		
COLUMBUS	0	Н	43215	0	_	2 1	1 9		1,550.00	
Full Name of Contributor				Regis	tratio	on Num	ber, if P.	AC		
	.							In (0.1	01 1 :)	
Street Address	Employe	ation/Labor Organization*					Form (Cash, Check, etc.)			
				70 15 12		.				
City	Sta	ate	Zip Code	M	ı	D I	Y	Amount		
	<u> </u>		<u> </u>	Danie	Registration Number, if P			N.C.		
Full Name of Contributor				Regis	oli alli	OII INUII.	1061, 11 1	AC		
Co. at Address	Employer/Occupation/Labor Organization*								, Check, etc.)	
Street Address	Employe					Tom (Cash	, check, c.c.,			
Ch.	St.	ate	Zip Code	М	Т	D	ΓΥ	Amount		
City		l	Zip code			Ĩ				
Full Name of Contributor				Regis	strati	on Num	ber, if P	AC		
run ivane of Controllor							,			
Street Address	Employe	r/Occup	ation/Labor Organization*					Form (Cash	, Check, etc.)	
Succe Address	Zimployon occupanion Zimon organianion									
City	St	ate	Zip Code	M	T	D	Y	Amount	* *	
			'	1 1	ı		1 1	İ		
Full Name of Contributor	1	L	<u> </u>	Regi	strati	on Nun	nber, if P	AC		
Street Address	Employe					Form (Cash, Check, etc.)				
					_			<u> </u>		
City	St	ate	Zip Code	М	\sqcap	D	Y	Amount		
								<u> </u>		
quired for contributions from individuals over \$100 to statewide and ge	neral asse	mbly ca	ndidates. If contributor is self-e	mploye	d, th	e occup	ation and	d the name of	the	

vidual'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

nization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]