

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

		market speakers and walkers and war		OFFICE IN TOWNS OF	, and the second			Titanian'nasi				
Name of Committee in Full	רו קי	) A C T	TIMD									
COLUMBUS FIREFIGHTERS UNION L-67 PAC FUND Full Name of Contributor						Registration Number, if PAC						
Transfer of 3006 individual membershi	n due	c		100	,150100	.1011 1 1 14	111001	,				
Street Address	Employe	_L	WITH STATES	SATERIANIO SERVICE	C013265/200434		Form (Cash, Check, etc.)					
379 WEST BROAD ST.									CHECK			
City	Sta	ate	Zip Code	N	[	D	Т	Y	Amount			
COLUMBUS	0	Н	43215	0	4	2 9	9   0	)   9	3,006.00			
Full Name of Contributor Registration Number, if PA									C			
Transfer of 3002 individual membership dues												
Street Address	Employe						Form (Cash, Check, etc.)					
379 WEST BROAD ST.							CHECK					
City	Sta	ate	Zip Code	I N	í	D	1	Y	Amount			
COLUMBUS	0	H	43215		4	2 9	***********	) 9	3,002.00			
Full Name of Contributor	f Contributor Registration Number, if								C			
Street Address	Employer/Occupation/Labor Organization*					<del>(1,000,000)</del>	***************************************	TOWN THE PERSON	Form (Cash, Check, etc.)			
~ 1000 A												
City	Sta	ate	Zip Code	N	1	D		Y	Amount			
· •												
Full Name of Contributor		and the second s		Re	gistra	tion Nu	mber	, if PA	C			
Street Address	ress Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)						
City	Sta	ate	Zip Code	N	1	D		Y	Amount			
Full Name of Contributor Registration Number, if PAC									.C			
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)					
City	Sta	ate	Zip Code	N	1	D		Y	Amount			
•												
Full Name of Contributor							Registration Number, if PAC					
Street Address	Employe					**************	Form (Cash, Check, etc.)					
City	St	ate	Zip Code	N	1	D		Y	Amount			
Full Name of Contributor Registration Number, if P.								r, if PA	AC			
treet Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)							
City	St	ate	Zip Code	N	<b>A</b>	D		Y	Amount			
						ĻĻ	<u> </u>	· cp ·				
Full Name of Contributor Registration Number, if PAC									AC .			
Street Address Employer/Occupation/Labor Organization*						Militario de Caracterio de	***************************************		Form (Cash, Check, etc.)			
Street Address	Employer/Occupation/Labor Organization*								i orai (Casii, Cilcox, Cic.)			
Cia.	C+	ate	Zip Code	T N	Ā	D		Y	Amount			
City	31		Zip Couc	'								
equired for contributions from individuals over \$100 to statewide and gene	rol occamb	alv candi	dates If contributor is self-emp	loved	the o	occupat	ion a	nd the	name of the			

\* 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 \$ 6,008.00