Page

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full	7 0 4 6 5	INID				<del> </del>
COLUMBUS FIREFIGHTERS UNION L-6	7 PAC FU	טאט	- In	41	A 100 1	
Full Name of Contributor  Two performed 1520 individual membership d	Registration Number, if PA			ic .		
Transfer of 1520 individual membership d		pation/Labor Organization*	——			Form (Cash, Check, etc.)
379 WEST BROAD ST.	Inploy as occu	pation/Labor Organization				CHECK
City	State	Zip Code	M	D	Y	Amount
COLUMBUS	$O \mid H$	43215	0 2			
Full Name of Contributor Transfer of 1520 individual membership d	11100		Registr	ation Nun	nber, if PA	AC .
Street Address		pation/Labor Organization*				Form (Cash, Check, etc.)
379 WEST BROAD ST.	Employ of Occupantification Organization			CHECK		
City	State	Zip Code	M	D	Y	Amount
COLUMBUS	OH	43215	0 3	2 2	1 8	1,520.00
Full Name of Contributor			Registr	ation Nun	nber, if PA	c
Street Address	Employ er/Occu	pation/Labor Organization*	<del></del>			Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			Pagiete	vion Nun	nber, if PA	<u> </u>
run Name of Contibutor			Registi	adon Nun	noet, ii ra	
Street Address	Employ er/Occu	ation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Fuli Name of Contributor			Registr	stion Nun	nber, if PA	c
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount
				1_1_		L
Full Name of Contributor			Registr	ation Nun	nber, if PA	c
Street Address	Employer/Occupation/Labor Organization •			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor	<u> </u>		Registr	ation Nun	nber, if PA	ic .
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor			Registr	ation Nun	nber, if PA	AC .
Street Address	Employ er/Occupation/Labor Organization *			Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount
souired for contributions from individuals over \$100 to statewide and gene	ral assembly can	didates. If contributor is self-emp	loved the	occupatio	n and the	name of the

equired for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]

Page	Total 5	<u> </u>	<u>3,040.00</u>				