

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full COLUMBUS FIREFIGHTERS UNION L-67 PAC FUND													
Full Name of Contributor Transfer of 1520 individual membership dues						Registration Number, if PAC							
Street Address 379 WEST BROAD ST.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK						
City COLUMBUS		State O H		Zip Code 43215		M 0 2		D 2 2		Y 1 8		Amount 1,520.00	
Full Name of Contributor Transfer of 1520 individual membership dues						Registration Number, if PAC							
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City		State		Zip Code		M		D		Y		Amount	
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quired 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)]