

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

							_	_	_			
Name of Committee in Full  COLUMBUS FIREFICHTERS LINION L6	7 PAC	TIIN	JD									
COLUMBUS FIREFIGHTERS UNION L-67 PAC FUND Full Name of Contributor						Registration Number, if PAC						
Transfer of individual membership dues				1,109	, ou a		, ,	ibei,		no		
Street Address	Employe	r/Occup	ation/Labor Organization*	<u> </u>		_	_			Form (Cash, Check, etc.)		
379 WEST BROAD ST.										CHECK		
COLUMBUS	OSta		⊠p Code 43215	1 M	2	0		1 1	Q	Amount 6,080.00		
COLUMBUS         O   H   43215         1   2   0   2   1   8           Full Name of Contributor         Registration Number, if F												
Togratiation number, in the												
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)				
City	Sta	ate	Zip Code	М		D		Ŷ		Amount		
Full Name of Contributor	Registration Number, if P								AC			
Street Address	Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)			
City	Sta	ate	Zip Code	М		D		Y		Amount		
Full Name of Contributor Registration Number, if PAC									AC			
Street Address	Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)			
City	Sta	ate	Zip Code	М		D		Y		Amount		
Full Name of Contributor Registration Number, if PAC									AC			
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)				
City	Sta	ate	Zip Code	М		D		Y		Amount		
Full Name of Contributor Registration Number, if F									if P	AC		
Street Address	Employer/Occupation/Labor Organization							Form (Cash, Check, etc.)				
City	Sta	ate	Zip Code	M		D		Ý		Amount		
Full Name of Contributor Registration Number, if P								if P	AC			
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)					
City	Sta		Zip Code	М		D		Y		Amount		
Full Name of Contributor Registration Number, if P.							AC					
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)					
City	Sta	ate	Zip Code	М		D		Ý		Amount		
			condidates. If contributor is a	olf or		vod.	44			on and the name of the		

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

Page Total \$	6,080.00