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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full									<del></del>			
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COLUMBUS FIREFIGHTERS UNION Full Name of Contributor	/ L-0/	PAC	FUND	In.		- N.		icn				
Transfer of individual membership dues						Registration Number, if PAC						
Street Address	Employer/Occupation/Labor Organization*											
379 WEST BROAD ST.	Employ						Form (Cash, Check, etc.)					
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COLUMBUS Full Name of Contributor	10	H	43215	1	1	1 2		9	3,100.00			
Registration Number, if PAC												
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)				
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Full Name of Contributor			1	Reg	istra	tion Nu	mber.	if P/	AC .			
	Registration Number, if F											
Street Address	Employe	ег/Оссир	ation/Labor Organization*	_					Form (Cash, Check, etc.)			
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ull Name of Contributor Registration Number, if F								f P A	AC			
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Full Name of Contributor			<u> </u>	Regi	stra	ion Nu	nber, i	fPA	\C			
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Full Name of Contributor	<del>'</del>		·-·	Regi	strat	ion Nur	nber, it	f PA	С			
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Street Address	Employer/Occupation/Labor Organization*					T	Form (Cash, Check, etc.)					
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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 \$	3,100.00