

Statement of Contributions Received

Prescribed by Secretary of State 3/05

t Committee East		<u> </u>			
Name of Committee in Full	NIONU -67 PAC EUR	ND.			
COLUMBUS FIREFIGHTERS UNION L-67 PAC FUND			Registration Number, if Pa	AC	
Full Name of Contributor	1		(togs)	•	
Transfer of 3040 individual mem	persnip dues	sian // shar Orranias*		Form (Cash, Check, etc.)	
Street Address	Emptoyer/Occupa	nion/Labor Organization*		CHECK	
379 WEST BROAD ST.		Tai a	- उत्तर ज	Amount	
City	State	Zip Code	M D Y		
COLUMBUS	O H	43215	1 0 2 4 1		
Full Name of Contributor			Registration Number, if P.	AL	
Transfer of 1520 individual mem	bership dues		<u></u>	In (0.4 (1.1.)	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
379 WEST BROAD ST.				CHECK	
City	State	Zip Code	M D Y	Amount	
	O H	43215	1 2 0 9 16	1,520.00	
Full Name of Contributor			Registration Number, if P	AC	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
are a second record					
City	State	Zip Code	M D Y	Amount	
Cary Cary	l				
Full Name of Contributor	<u> </u>	<u> </u>	Registration Number, if F	PAC	
i mi reme di comusono					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
Sectional Values		ū			
	State	Zip Code	M. D. Y.	Amount	
City	1				
			Registration Number, if I	PAC	
Full Name of Contributor					
	Emalayar/Parsan	ation/Labor Organization		Form (Cash, Check, etc.)	
Street Address	Employes/Octor	and the contract of Presentation			
	State	Zip Code	Mi Di Y	Amount	
City	5122	ap care			
		<u> </u>	Registration Number, if	PAC	
Full Name of Contributor			222 grant district 3 controlled 42	-	
Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
Street Address		-			
<u> </u>	State	Zip Code	M. D. Y	Amount	
City					
	<u></u>		Registration Number, if	PAC	
Full Name of Contributor					
Street Address	et Address Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
200000000000000000000000000000000000000					
City	State	Zip Code	M D Y	Amount	
		1			
Full Name of Contributor			Registration Number, if	PAC	
Little of Chimones					
Smart & Ideas	dress Employer/Occupation/Labor Organizati		Form (Cash, Check, etc.)		
Street Address	[
	State	Zip Code	M D Y	Amount	
City	;	Tr			
					

* 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 \$ 4,560.00