

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
	1 67 DAC	ELINID					
COLUMBUS FIREFIGHTERS UNION L-67 PAC FUND Full Name of Contributor				In-invaled Months (EDAC			
				Registration Number, if PAC			
Transfer of 1510 individual membersh						n (0.1.0) 1	
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
379 WEST BROAD ST.		· · · · · · · · · · · · · · · · · · ·				CHECK	
City	State	Zip Code	М	D,	Y	Amount	
COLUMBUS	OH	43215		3 1			
Full Name of Contributor			Registr	ation Nun	nber, if PA	/C	
	I	l pation/Labor Organization*	_			F (0 1 0) 1 · · ·	
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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	
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City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor			Registr	ation Nun	nber, if PA	AC .	
Street Address	Employer/Occu				Form (Cash, Check, etc.)		
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City	State	Zip Code	M	D	Y	Amount	
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Full Name of Contributor Registration Number						AC .	
Street Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
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Full Name of Contributor			Registr	ation Nun	iber, if PA	AC .	
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Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
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City	State	Zip Code	M	D	Y	Amount	
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Full Name of Contributor Registration Number, if PA						vC	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
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City	State	Zip Code	M	D	Y	Amount	
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* 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 \$ 1,510.00