

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full International Association of Firefighters C-2832 PCF									
Full Name of Contributor International Association of Firefighters C-2832							Registration Number, if PAC		
Street Address PO Box 1072				Employer/Occupation/Labor Organization IAFF			Form (Cash, Check, etc.) Acct Transfer		
City Reynoldsburg				State Oh		Zip Code 43068		Amount 09/9/26,000.00	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City				State		Zip Code		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City				State		Zip Code		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City				State		Zip Code		Amount	
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City				State		Zip Code		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City				State		Zip Code		Amount	

* 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 also appear. [R.C. 3517.10(B)(4)]