Page 10f1

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full	C	1 100		~~~		
Full Name of Contributor	File Ti	shours codes	Registrat	ion Num	an if Da	
Name of Committee in Full International Association of Full Name of Contributor International Association of Street Address On the 1022	Firefish	ters 6-2532	Regisuai	non Num	oer, ir P	
Street Address	Employer/Occupati	on/Labor Organization				Form (Cash, Check, etc.)
PO Box 1072 City Reynoldsburg	IAFF State	-				Acet Tranfer
City	State	Zip Code	M 9	D	Y	Acct Transfer Amount 6,000.00
Reynoldsburg	Oh	4.3068	09	19	(2	6,000.00
Full Name of Contributor Registration Number, if Pr						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor Registration Number, if PAC						vC
Street Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
	Control	Tz: 0 1	Liè	i sa r	- 13	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor Registration Number, if Pa					ı.C	
Street Address	Employer/Occupati	on/Labor Organization*	1			Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor Registration N					ber, if PA	VC .
Street Address	Employer/Occupation/Labor Organization*				•	Form (Cash, Check, etc.)
City	State	Zîp Code	M	D	Y	Amount
Full Name of Contributor Registration Number, if P.					AC .	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor Registration Number, if P.					ber, if PA	AC
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor Registration Number, if Pa						AC .
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zíp Code	М	D	Y	Amount
			_	_		

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. It 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 payroli 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)]

Page Total \$ _____