Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full									
COLUMBUS FIREFIGHTERS UNION	L-67 P	AC I	FUND						
Full Name of Contributor					Registration Number, if PAC				
Transfer of 4587 individual membership dues									
Street Address			ntion/Labor Organization*					Form (Cash, Check, etc.)	
379 WEST BROAD ST.								CHECK	
City	Sta	ite	Zip Code	М	Т	D	Y	Amount	
COLUMBUS	loi	Н	43215	11	1 l	3 0	1 5	4,587.00	
Full Name of Contributor	L , L ,								
Transfer of 1523 individual membership dues									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
379 WEST BROAD ST.							CHECK		
City	Sta	ite	Zip Code	М	Т	D	Y	Amount	
COLUMBUS	آما	Н	43215	1 .	1	3 0	1 5		
Full Name of Contributor			40210		_	_			
Full Name of Contributor Registration Number, if PAC									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
Silect Address	Employer/Occupation/Labor Organization*							Portit (Casil, Check, etc.)	
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City	Sta	ne	Zip Code	I M	- 1	D	'	Amount	
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Full Name of Contributor				Regis	trati	on Nurr	ber, if P.	AC	
Street Address Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)	
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City	Sta	ite	Zip Code	M _.	- [D	Y	Amount	
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Full Name of Contributor Registration Number, if PAC									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
City	Sta	ite	Zip Code	М		D	Y	Amount	
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Full Name of Contributor Registration Number, if PA								AC	
Street Address	Address Employer/Occupation/Labor Organization*								
City	Sta	ite	Zip Code	М	Т	D	Y	Amount	
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Full Name of Contributor	<u> </u>			Regis	trati	on Nurr	ber, if P.	AC	
Street Address Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)	
Street Address Employer/Occupation/Labor Organization*								Total (Cusii, Ciner, cic.)	
Cit.	Sta	ıta.	Zip Code	М		D	Y	Amount	
City	34	iic	Zip Code) "i	İ	J	l 'n	Amount	
Full Name of Contributor Registration Number, if PA								A.C.	
real reame of Controllor Registration Number, if PAC									
							Come (Cook Charle 44-)		
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
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City	Sta	ite	Zip Code	M ₁		Ð	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 \$ 6,110.00