

Statement of Contributions Received

Prescribed by Secretary of State 3/05

N 60 3 1 1 1						
Name of Committee in Full	NIONII (TRACEI	INITS				
COLUMBUS FIREFIGHTERS U	NION L-67 PAC FU	IND				
Full Name of Contributor			Registration Nu	Registration Number, if PAC		
Transfer of 1525 individual men						
Street Address	Employer/Occu	pation/Labor Organization*			Form (Cash, Check, etc.)	
379 WEST BROAD ST.					CHECK	
City	State	Zip Code	M D	Y	Amount	
COLUMBUS	O H	43215	0 4 2	0 1 7	1,525.00	
Full Name of Contributor			Registration Nu	mber, if PAC	2	
Transfer of 1520 individual men	nbership dues					
Street Address	Employer/Occup			Form (Cash, Check, etc.)		
379 WEST BROAD ST.					CHECK	
City	State	Zip Code	M D	Y	Amount	
COLUMBUS	ОІН	43215	1 1 1 1	6 1 7	1,520.00	
Full Name of Contributor		10210	Registration Nu	<u>~ 1 * 1 . </u>		
				,		
tet Address Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
ones. Hadios	Employer	Employer/Occupation/Labor Organization			Torin (Cusii, Check, Cic.)	
City	State	Zip Code	M D	1 3	Amount	
city	State	Zip Code	M D	Y	Amount	
n 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
Full Name of Contributor			Registration Nu	mber, if PAC	į.	
Street Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	M D	Y	Amount	
Full Name of Contributor	<u>-</u>		Registration Nur	mber, if PAC		
			ł			
Street Address	Employer/Occup			Form (Cash, Check, etc.)		
City	State	Zip Code	M D	Y.	Amount	
Full Name of Contributor			Registration Nu	mber, if PAC	2	
Street Address	oation/Labor Organization*			Form (Cash, Check, etc.)		
					, 5111 (5221, 51151, 5115)	
City	State	Zip Code	M D	Y	Amount	
City	State	Zip Code	" 1"	1 1	Anoun	
T. II.V		<u> </u>		1 1877		
Full Name of Contributor				Registration Number, if PAC		
<u> </u>						
reet Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	M D	Y	Amount	
Full Name of Contributor		•	Registration Nur	mber, if PAC		
Street Address	Employer/Occup	-		Form (Cash, Check, etc.)		
City	State	Zip Code	M D	Y.	Amount	
					ŀ	
		-1		i		

Page Total \$ 3,045.00

^{*} 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)]