

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>COLUMBUS FIREFIGHTERS UNION L-67 PAC FUND</b>									
Full Name of Contributor <b>Transfer of 1528 individual membership dues</b>					Registration Number, if PAC				
Street Address <b>379 WEST BROAD ST.</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>COLUMBUS</b>		State <b>O   H</b>		Zip Code <b>43215</b>		M <b>0   4</b>	D <b>1   9</b>	Y <b>1   2</b>	Amount <b>1,528.00</b>
Full Name of Contributor <b>Transfer of 1528 individual membership dues</b>					Registration Number, if PAC				
Street Address <b>379 WEST BROAD ST.</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>COLUMBUS</b>		State <b>O   H</b>		Zip Code <b>43215</b>		M <b>0   5</b>	D <b>3   0</b>	Y <b>1   2</b>	Amount <b>1,528.00</b>
Full Name of Contributor <b>Transfer of 1528 individual membership dues</b>					Registration Number, if PAC				
Street Address <b>379 WEST BROAD ST.</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>COLUMBUS</b>		State <b>O   H</b>		Zip Code <b>43215</b>		M <b>0   6</b>	D <b>2   7</b>	Y <b>1   2</b>	Amount <b>1,528.00</b>
Full Name of Contributor <b>Transfer of 1518 individual membership dues</b>					Registration Number, if PAC				
Street Address <b>379 WEST BROAD ST.</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>COLUMBUS</b>		State <b>O   H</b>		Zip Code <b>43215</b>		M <b>0   8</b>	D <b>2   8</b>	Y <b>1   2</b>	Amount <b>1,518.00</b>
Full Name of Contributor					Registration Number, if PAC				
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 PAC				
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 PAC				
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 PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 6,102.00