

Statement of Contributions Received

Prescribed by Secretary of \$tate 3/05

Name of Committee in Full	(471)	A ()	רואוו:					
COLUMBUS FIREFIGHTERS UNION L-67 PAC FUND					In!	dan Mo	h :60 ·	Č
Full Name of Contributor	م طبیم				Registra	tion Num	ber, if PA	.C
Transfer of 1528 individual membershi				Oii			-	Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labo			Organization*				• • • • • • • • • • • • • • • • • • • •
379 WEST BROAD ST.			1		1			CHECK
City COLUMBUS	Sta	ite H	Zip Code 4321		М 0 4	D 1 9	$\begin{vmatrix} \mathbf{r} \\ 1 \end{vmatrix} 2$	Amount 1,528.00
Full Name of Contributor			102.	. <u> </u>			ber, if PA	
Transfer of 1528 individual membershi	p due:	s						
Street Address			ation/Labo	Organization*				Form (Cash, Check, etc.)
379 WEST BROAD ST.								CHECK
City	Sta	ne	Zip Code		М	D	Y	Amount
COLUMBUS	01	H	432	İ5	015	3 0	1 2	1,528.00
Full Name of Contributor							ber, if PA	
Transfer of 1528 individual membershi	n due	S						
Street Address			ation/Labo	Organization*				Form (Cash, Check, etc.)
379 WEST BROAD ST.								CHECK
City	Sta	ate	Zip Code		М	l D	ΙΥ	Amount
1 -	آما	H	432	1	016	2 7	1 2	1,528.00
COLUMBUS Full Name of Contributor			102	1	_		nber, if PA	
Transfer of 1518 individual membershi	n dua	c		ľ				
Street Address			ation/Labo	l d Organization*		_		Form (Cash, Check, etc.)
1	Employer/Occupation/Labor Organization*							CHECK
379 WEST BROAD ST.	State Zip Code			<u>.</u>	Тм	Гр	ΤΥ	Amount
COLLINABLIS	1 _ ,	Н	1 '	Ł	018	I ".		
COLUMBUS	0	11	432	LO			nber, if P/	
Full Name of Contributor					Kegisu	illon ivun	11001, 11 1 2	10
	In 1	10						Form (Cash, Check, etc.)
Street Address	Employe	:г/Оссир	ation/Labo	d Organization*				Form (Cash, Check, etc.)
<u> </u>	 _		le: a :	<u> </u>	T	I B	Тү	Amount
City	St	ate 	Zip Code		M	D	'	Amount
	<u> </u>		<u> </u>	<u> </u>	7	<u> </u>		
Full Name of Contributor					Registra	ation Nun	nber, if PA	AC
								T (0 1 (b 1 - t - t -)
Street Address	Employe	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
	<u> </u>						1	
City	St	ate	Zip Code	*	M	D .	Y	Amount
			<u> </u>		<u> </u>			
Full Name of Contributor			Registr	ation Nur	nber, if P	AC		
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
City	St	ate	Zip Code	=	M	D	Y	Amount
<u>.</u>		<u> </u>		1		<u> </u>		
Full Name of Contributor		Registration Number, if PAC						
1								. <u> </u>
Street Address	Employe	er/Occup	oation/Lab	r Organization*			Form (Cash, Check, etc.)	
	1						l	
City	St	ate	Zip Cod	e	М	D	Y	Amount
<u> </u>	1							
the state of the s		11	1: 1 16	contributor is self-er	alound th	0.000000	tion and t	he name of the

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