

Statement of Contributions Received

Prescribed by Secretary of State 03/05

| | | | | | | | |
|--|--|--------------------|---|---------------|---------------|--|---------------------------|
| Name of Committee in Full Sheets for Trustee | | | | | | | |
| Full Name of Contributor Ohio Association of Professional Firefighters | | | | | | Registration Number, if PAC | |
| Street Address 140 E. Town Street, Suite 1225 | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Columbus | | State OH | Zip Code 43215 | M 1 | D 0 | Y 2 | Amount \$500.00 |
| Full Name of Contributor | | | | | | Registration Number, if PAC | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| City | | State OH | 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 OH | Zip Code | M | D | Y | Amount |
| Full Name of Contributor | | | | | | Registration Number, if PAC | |
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| City | | State OH | 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 also appear. [R.C. 3517.10(B)(4)]