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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

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Name of Committee in Full	T 47 D	AC I	TIME								
COLUMBUS FIREFIGHTERS UNION L-67 PAC FUND Full Name of Contributor							Registration Number, if PAC				
Transfer of 1489 individual membershi	n due	S		rteg.			,	••			
Street Address	Employer/Occupation/Labor Organization*				*********	***************************************	WOMEN CONTRACTOR	Form (Cash, Check, etc.)			
379 WEST BROAD ST.								CHECK			
City	Sta	ite	Zip Code	M		D	Y	Amount			
COLUMBUS	0	Н	43215	1	2	0   5	0 9	1,489.00			
Full Name of Contributor	<del>region (marchine)</del>			Regi	strat	ion Num	ber, if PA	АC			
Transfer of 1489 individual membership dues											
Street Address	Employer	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
379 WEST BROAD ST.								CHECK			
City	Sta		Zip Code	M		D	Y	Amount			
COLUMBUS	J O	H	43215	1	2	2 9	0 9				
Full Name of Contributor Registration Number, if PAC											
Transfer of 1479 individual membership dues								Form (Cash, Check, etc.)			
Street Address	Employer/Occupation/Labor Organization*							CHECK			
379 WEST BROAD ST.	Sta	ate.	Zip Code	М		D	Y	Amount			
COLUMBUS	0	Н	43215	0	3	3 0	1 .	1			
Full Name of Contributor			1 40210	arajaan arawii			ber, if PA	<del>- Az errenten, et et en saturat en en experience de la constant en experience en experience en experience en e</del>			
treet Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)					
City	Sta	ate	Zip Code	M		D	Y	Amount			
Full Name of Contributor		Regi	strat	ion Num	ber, if Pa	AC					
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)			
			<b>1</b>								
City	Sta	ate	Zip Code	M		D	Y	Amount			
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Full Name of Contributor				Regi	strat	lon Num	ider, ii rz	40			
Street Address	tion/Labor Organization*	Form (Cash, Check, etc.)									
Street Address	Employe	imployer/Occupation/Labor Organization						Tom (Cash, Check, etc.)			
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Full Name of Contributor	1	***************************************		Regi	strat	ion Num	ber, if P	AC			
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)				
City	Sta	ate	Zip Code	M		D	Y	Amount			
Full Name of Contributor Registration Number, if PAC											
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Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)			
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City	Sta	ate	Zip Code	M		D	Y	Amount			
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course for contributions from individuals over \$100 to statewide and gene											

\* 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 \$ 4,457.00