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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
COLUMBUS FIREFIGHTERS L	INION L-67 PAC	FUND	10 :		1		
	bo-obi deso		Registra	ition Nun	nber, if PA	AC .	
Transfer of 3022 individual men		pation/Labor Organization*				Form (Cash, Check, etc.)	
379 WEST BROAD ST.	Lampibyer/Occu	panoivi200i Organization				CHECK	
City	State	Zip Code	l M	T D	Ιγ	Amount	
COLUMBUS	OTH		012	I .	1 4	3,022.00	
Full Name of Contributor	101	43213			ber, if PA		
			3		, .		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
	1 1						
Full Name of Contributor			Registra	tion Nun	ber, if PA	\C	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
						L	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor			Registra	tion Nun	iber, if PA	AC .	
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
				1 1	1 100		
Full Name of Contributor			Kegistra	ition Nun	nber, if PA		
Street Address	[F_1] [O] O O O O O O O O O			Form (Cash, Check, etc.)			
Street Address	Campioyenoccu	Employer/Occupation/Labor Organization*				onii (casii, check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
City	344	Zip Code	"	ĺ	1	7 moun	
Full Name of Contributor	!	<u> </u>	Registra	tion Nun	ber, if PA	C	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
	1 1			1			
Full Name of Contributor			Registra	tion Nun	iber, if PA	VC	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor			Registra	tion Nun	ber, if PA	VC.	
							
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
						<u> </u>	
City	State	Zip Code	M	D	Y	Amount	
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* 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 \$ 3,022.00