

3,030.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
	INTON L 47 PAC	FUND				
COLUMBUS FIREFIGHTERS UNION L-67 PAC FUND				ion Num	ber, if P	AC .
Full Name of Contributor	mharahin dese			1 11111	, 11	
Transfer of 3030 individual men	uwersnip aues	pation/Lebor Organization				Form (Cash, Check, etc.)
Street Address	EntployerOccu	merena resona Organizzaron				CHECK
379 WEST BROAD ST.		Tet- c .	- 	<u> </u>	Y	Amount
City	State	Zip Code	M	D	1 .	
COLUMBUS	0 H	43215	[0 3]	2 4	16	
Full Name of Contributor			Registra	oon Nur	ber, if P	nc
		apation/Labor Organization				Form (Cash, Check, etc.)
Street Address	Employer/Occu	•			Total (want) critish was)	
Ch.	State	Zip Code	М	D	ΤY	Amount
City	1			1		1
Full Name of Contributor		<u> </u>	Registra	tion Num	nber, if P	AC
			L			
Street Address	Employed/Occu	upation/Labor Organization	n•			Form (Cash, Check, etc.)
						4
City	State	Zip Code	М	D	Y	Amount
						<u></u>
Full Name of Contributor			Registra	tion Nun	nber, if P	AC
Street Address	Employer/Occa	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
1				т =	T :-	
City	State	Zip Code	M	D	Y	Amount .
					1 12	14.0
Full Name of Contributor		_	Registra	mon Nu	mber, if F	TAC
		apetion/Labor Organization				Form (Cash, Check, etc.)
Street Address	Tun (case, care, car)					
		[g:= 0:4:	- 1	T D	Y	Amount
City	State	Zip Code	M	"	1 1	
			n - i - i	lion 11-	mber, if i	PAC
Full Name of Contributor			Kegisth	اللاز الملاز		
		madia # stranger to the	L			Porm (Cash, Check, etc.)
Street Address	Employer/Oca	upetion/Labor Organization	-11			
		Zin Code	M	D	Тү	Amount
City	State	Zip Code	12	1	i	
			D	Mine Mar	mber, if	PAC
Full Name of Contributor			vegian	#١٤ المحدر	11 i	
		winefront along Con-last-	<u>_</u>			Form (Cash, Check, etc.)
Street Address	Street Address Employer/Occupation/Labor Organization					,
		Zip Code	М	D	TY	Amount
City	State 1	Lap Colle	"	Į į	1	
			Registr	ation Nu	imber, if	PAC
Full Name of Contributor				_		
Samuel Address	Employer/Oc	Employer/Occupation/Labor Organization®				Form (Cash, Check, etc.)
Street Address	1					
	State	Zip Code	М	D	Y	Amount
City		1	11	1 1	11	<u></u>
	terride and general assembly o	randidates. If contributor is	self-employed th	e occum	ation and	the 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 Required for contributions from 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 individual's business, if any, rather than employees should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor individual's business, if any, rather than employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$