

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full COLUMBUS FIREFIGHTERS UNION L-67 PAC FUND										
Full Name of Contributor					Registration Number, if PAC					
Transfer of 1485 individual membership dues										
Street Address			ation/Labor Organization*					Form (Cash, Check, etc.)		
379 WEST BROAD ST.								CHECK		
City	Stat		Zip Code	M	D		Y	Amount		
COLUMBUS	OI	Н	43215	016	Ι.	_	1 1	1,485.00		
Full Name of Contributor		0 6 1 5 1 1 Registration Number, if PA								
Transfer of 1522 individual membership dues										
	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
Street Address	Employer									
379 WEST BROAD ST.						CHECK				
City	Stat		Zip Code	M .	D		Y	Amount		
COLUMBUS	$\mid O \mid$	H	43215	0 9		_	<u>1 1 </u>	1,522.00		
Full Name of Contributor Registration Number, if PA								AC .		
Street Address Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)		
Street Address	Employer					rom (Cash, Check, etc.)				
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City	Stat	e	Zip Code	M	"	- 1	1	Amount		
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Full Name of Contributor Registration Num							er, if PA	IC .		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)				
Employed Overparion and of Grantzarion								(***,**********************************		
City	Stat		Zip Code	Тм	T D	T	Y	Amount		
City	3.64		Zip Code	"	1 1		,	rinount		
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Full Name of Contributor Registration Number, if PAC										
C	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)		
Street Address	Employer					roini (Cash, Check, etc.)				
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City	Stat	e	Zip Code	M	D		Y	Amount		
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Full Name of Contributor Registration Number, if PA								AC		
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Street Address	Employer	Occup:	ation/Labor Organization*					Form (Cash, Check, etc.)		
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City	Stat	e	Zip Code	M	D		Y	Amount		
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Full Name of Contributor				Registr	ation N	umb	er, if PA	AC .		
treet Address Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)		
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City	Stat	te	Zip Code	M	D	П	Y	Amount		
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Full Name of Contributor Registration Number, if PA								AC .		
treet Address Employer/Occupation/Labor Organization*							_	Form (Cash, Check, etc.)		
City	Stat	le	Zip Code	М	D	ſ	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 \$ 3,007.00