

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
COLUMBUS FIREFIGHTERS UNION	N L-67 PAC	FUND					
'ull Name of Contributor			Registra	Registration Number, if PAC			
Transfer of 1531 individual members	hip dues						
Street Address		upation/Labor Organization*	_			Form (Cash, Check, etc.)	
379 WEST BROAD ST.						CHECK	
City	State	Zip Code	М	D	Y	Amount	
COLUMBUS	O H	43215	014	1 4	1 3	1,531.00	
Full Name of Contributor				nber, if P/			
Street Address	Employer/Occo				Form (Cash, Check, etc.)		
City	State	Zip Code	M	Ð	Y	Amount	
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Full Name of Contributor Registration Number, if						vc .	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
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City	State	Zip Code	M	D	Y	Amount	
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Full Name of Contributor	1 !	· ·	Registra	tion Nun	nber, if PA	/C	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, e			
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Full Name of Contributor Registration Number, if P/						AC .	
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City	State	Zip Code	М	D	Y	Amount	
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Full Name of Contributor			Registra	tion Nun	nber, if PA	VC	
Street Address	Employer/Occi				Form (Cash, Check, etc.)		
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City	State	Zip Code	M	D	l Y	Amount	
Full Name of Contributor Registration Number, if PA						vc .	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	М	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 \$ 1,531.00