

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 Transfer of individual membership dues					Registration Number, if PAC		
Street Address 379 WEST BROAD ST.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O	H	Zip Code 43215	M 1	D 2	Y 7	Amount 3,040.00
Full Name of Contributor Transfer of individual membership dues					Registration Number, if PAC		
Street Address 379 WEST BROAD ST.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O	H	Zip Code 43215	M 0	D 2	Y 4	Amount 1,520.00
Full Name of Contributor Transfer of individual membership dues					Registration Number, if PAC		
Street Address 379 WEST BROAD ST.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O	H	Zip Code 43215	M 0	D 3	Y 0	Amount 1,550.00
Full Name of Contributor Transfer of individual membership dues					Registration Number, if PAC		
Street Address 379 WEST BROAD ST.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O	H	Zip Code 43215	M 0	D 4	Y 1	Amount 1,550.00
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	H	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	H	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	H	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	H	Zip Code	M	D	Y	Amount

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 \$ 7,660.00