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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full  COLLIMBUS FIREFICHTERS LINION	1-671	PAC I	FLINID					
COLUMBUS FIREFIGHTERS UNION L-67 PAC FUND Full Name of Contributor					Registration Number, if PAC			
Transfer of individual membership du	ıes							
Street Address	Employe	er/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)	_
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Full Name of Contributor				Registr	ation Nu	mber, if P	AC.	_
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in d.C. and it store. Com is dividuals over \$100 to statewish and go			didates. If contributor is salf a	nnloved	the coou	nation and	the name of the	_

equired for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the vidual'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 nization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$	7,660.00
60	7,000.00