

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full		<del> </del>						
COLUMBUS FIREFIGHTERS UNION	L-67 PAC	FUND						
Full Name of Contributor			Registration Number, if PAC					
Transfer of 1511 individual membershi	p dues							
Street Address		oation/Labor Organization*	-			Form (Cash, Check, etc.)		
379 WEST BROAD ST.						CHECK		
City	State	Zip Code	M	D	Y	Amount		
COLUMBUS	OH	43215	016	216	113	1,511.00		
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Street Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
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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)]