Page _	1	

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full	<del>_</del>					
Safety First						
Full Name of Contributor		-	Registra	uion Nun	iber, if PA	c
Hilliard Area Chamber of	Commerce					
Street Address 4081 Main Street	Employer/Occo	ipation/Labor Organization	ı*			Form (Cash, Check, etc.) Check
City	State	Zip Code	M	D	Y	Amount
Hilliard	OH I	43026	014	1 8	114	500.00
Full Name of Contributor		<u>-</u> -	Registra	ntion Num	iber, if PA	c
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor		Registration Number, if 1			ber, if PA	c
Street Address	Employer/Occo	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor		1	<u> </u>	<u>                                     </u>		
Street Address	Employer/Occu	pation/Labor Organization	ı <b>•</b>			Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor		<del></del>	Registra	tion Num	ber, if PA	c
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	
Full Name of Contributor	ibutor Registration Number, if PA					c
Street Address					•	<del></del>
City		1		Гі		
Full Name of Contributor			Registra	tion Num	ber, if PA	<u> </u>
					,	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			Registra	tion Num	ber, if PA	С
Street Address	Employer/Occu	pation/Labor Organization				Form (Cash, Check, etc.)
City	State	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 \$	500.00