

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>SAFE NEIGHBORHOODS</b>									
Full Name of Contributor <b>SUSAN E. Lupfer</b>							Registration Number, if PAC		
Street Address <b>7726 Richardson Rd.</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>		
City <b>Groveport</b>		State <b>Ohio</b>		Zip Code <b>43125</b>		M D Y <b>03 25 11</b>		Amount <b>50.00</b>	
Full Name of Contributor <b>DAVID BROBST</b>							Registration Number, if PAC		
Street Address <b>5151 BERGER AD</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CASH</b>		
City <b>Groveport</b>		State <b>Ohio</b>		Zip Code <b>43125</b>		M D Y <b>04 12 11</b>		Amount <b>50.00</b>	
Full Name of Contributor <b>James GALVIN</b>							Registration Number, if PAC		
Street Address <b>525 BEDFORD Ct.</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>		
City <b>Pickerington</b>		State <b>Ohio</b>		Zip Code <b>43147</b>		M D Y <b>04 12 11</b>		Amount <b>100.00</b>	
Full Name of Contributor <b>Laurence Ricchi</b>							Registration Number, if PAC		
Street Address <b>4971 Brewster Dr.</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>		State <b>Ohio</b>		Zip Code <b>43232</b>		M D Y <b>04 12 11</b>		Amount <b>150.00</b>	
Full Name of Contributor <b>Terri Sizemore</b>							Registration Number, if PAC		
Street Address <b>2315 Cherokee Dr.</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>		
City <b>London</b>		State <b>Ohio</b>		Zip Code <b>43140</b>		M D Y <b>04 12 11</b>		Amount <b>100</b>	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State		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		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		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 also appear. [R.C. 3517.10(B)(4)]