

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for a Safer Community</b>						
Full Name of Contributor <b>Dave OLMSTEAD</b>				Registration Number, if PAC		
Street Address <b>6248 Kitsmiller Road</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>New Albany</b>	State <b>OH</b>	Zip Code <b>43054</b>	M <b>0</b>	D <b>2</b>	Y <b>1 5</b>	Amount <b>\$500.00</b>
Full Name of Contributor <b>Tom Rybski</b>				Registration Number, if PAC		
Street Address <b>5920 Babbitt Road</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>New Albany</b>	State <b>OH</b>	Zip Code <b>43054</b>	M <b>0</b>	D <b>2</b>	Y <b>1 5</b>	Amount <b>\$500.00</b>
Full Name of Contributor <b>Dave Ferguson</b>				Registration Number, if PAC		
Street Address <b>7318 Berkley Square South</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>New Albany</b>	State <b>OH</b>	Zip Code <b>43054</b>	M <b>0</b>	D <b>2</b>	Y <b>7 1 5</b>	Amount <b>\$500.00</b>
Full Name of Contributor <b>Craig Mohre</b>				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City <b>New Albany</b>	State <b>OH</b>	Zip Code <b>43054</b>	M <b>0</b>	D <b>3</b>	Y <b>2 7 1 5</b>	Amount <b>\$150.00</b>
Full Name of Contributor <b>Mark Wilson</b>				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>New Albany</b>	State <b>OH</b>	Zip Code <b>43054</b>	M <b>0</b>	D <b>6</b>	Y <b>0 5 1 5</b>	Amount <b>\$250.00</b>
Full Name of Contributor <b>New Albany Company</b>				Registration Number, if PAC		
Street Address <b>800 Walton Parkway</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>New Albany</b>	State <b>OH</b>	Zip Code <b>43054</b>	M <b>0</b>	D <b>3</b>	Y <b>2 7 1 5</b>	Amount <b>\$2,500.00</b>
Full Name of Contributor <b>Ohio Association of Professional Firefighters</b>				Registration Number, if PAC		
Street Address <b>140 E Town Street</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	M <b>0</b>	D <b>3</b>	Y <b>2 7 1 5</b>	Amount <b>\$1,500.00</b>
Full Name of Contributor <b>EMH&amp;T</b>				Registration Number, if PAC		
Street Address <b>5500 New Albany Road</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>New Albany</b>	State <b>OH</b>	Zip Code <b>43054</b>	M <b>0</b>	D <b>3</b>	Y <b>2 5 1 5</b>	Amount <b>\$1,000.00</b>

\* 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)]

Page Total **\$6,900.00**