

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Safety First									
Full Name of Contributor Amie B. Sorge						Registration Number, if PAC			
Street Address 237 Balsam Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Pickerington		State Ohio	Zip Code 43147		M 0	D 4	Y 13	Amount \$25.00	
Full Name of Contributor Parallel Equity Advisers Ltd.						Registration Number, if PAC			
Street Address 5650 Blazer Parkway			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Dublin		State Ohio	Zip Code 43017		M 0	D 4	Y 13	Amount \$200.00	
Full Name of Contributor Jeffrey W. Warren						Registration Number, if PAC			
Street Address 1222 Carnoustie Circle			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Grove City		State Ohio	Zip Code 43123		M 0	D 4	Y 13	Amount \$100.00	
Full Name of Contributor Albert J. Tosue						Registration Number, if PAC			
Street Address 5793 Walterway Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Hilliard		State Ohio	Zip Code 43026		M 0	D 4	Y 13	Amount \$100.00	
Full Name of Contributor Children's Castle Educare, Inc.						Registration Number, if PAC			
Street Address 4990 Roberts Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Hilliard		State Ohio	Zip Code 43026		M 0	D 4	Y 13	Amount \$200.00	
Full Name of Contributor Rider Financial Group						Registration Number, if PAC			
Street Address 4094 Main Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Hilliard		State Ohio	Zip Code 43026		M 0	D 4	Y 13	Amount \$500.00	
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)]

Page Total \$ **1,125.00**