

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full SAFE NEIGHBORHOODS									
Full Name of Contributor BRIAN SCHWOTZER							Registration Number, if PAC		
Street Address 124 FRONT ST				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) CASH	
City GROVEPORT		State OH		Zip Code 43125		M 0 D 2 Y 1		Amount \$100.00	
Full Name of Contributor GREG RYAN							Registration Number, if PAC		
Street Address 6471 FOXHILL				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) CASH	
City CANAL WINCHESTER		State OH		Zip Code 43110		M 0 D 4 Y 0		Amount \$100.00	
Full Name of Contributor HOLLY RYAN							Registration Number, if PAC		
Street Address 6471 FOXHILL				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) CASH	
City CANAL WINCHESTER		State OH		Zip Code 43110		M 0 D 4 Y 0		Amount \$100.00	
Full Name of Contributor GARRISON RYAN							Registration Number, if PAC		
Street Address 6471 FOXHILL				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) CASH	
City CANAL WINCHESTER		State OH		Zip Code 43110		M 0 D 4 Y 0		Amount \$100.00	
Full Name of Contributor TAYLOR RYAN							Registration Number, if PAC		
Street Address 6471 FOXHILL				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) CASH	
City CANAL WINCHESTER		State OH		Zip Code 43110		M 0 D 4 Y 0		Amount \$100.00	
Full Name of Contributor CLIFF MASON							Registration Number, if PAC		
Street Address 113 DENNISON ST. BOX 285				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) CASH	
City HEBRON		State OH		Zip Code 43025		M 0 D 2 Y 0		Amount \$100.00	
Full Name of Contributor JOHN JONES							Registration Number, if PAC		
Street Address 6874 BROCKLAND				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) CASH	
City REYNOLDSBURG		State OH		Zip Code 43068		M 0 D 2 Y 0		Amount \$100.00	
Full Name of Contributor RANDY BATES							Registration Number, if PAC		
Street Address 4554 BAYSHIRE				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) cash	
City GROVEPORT		State OH		Zip Code 43125		M 0 D 4 Y 1		Amount \$60.00	

* 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 **\$760.00**