

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Safety First							
Full Name of Contributor Joseph Martin					Registration Number, if PAC		
Street Address 8601 Morris Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Hilliard	State OH	Zip Code 43026	M 0	D 2	Y 7	Amount 500.00	
Full Name of Contributor Norwich Township Fire Local 1723					Registration Number, if PAC		
Street Address 5181 Northwest Parkway		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Hilliard	State OH	Zip Code 43026	M 0	D 2	Y 7	Amount 500.00	
Full Name of Contributor John & Mary Tholen					Registration Number, if PAC		
Street Address 2096 Amity Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Hilliard	State OH	Zip Code 43026	M 0	D 2	Y 7	Amount 100.00	
Full Name of Contributor Angelo and Julie Serra					Registration Number, if PAC		
Street Address 4240 Abbey Chase Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Hilliard	State OH	Zip Code 43026	M 0	D 3	Y 1	Amount 300.00	
Full Name of Contributor Michael and Pam Sayre					Registration Number, if PAC		
Street Address 2474 Amity Toad		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Hilliard	State OH	Zip Code 43026	M 0	D 3	Y 2	Amount 50.00	
Full Name of Contributor Scott Ingram					Registration Number, if PAC		
Street Address 8436 Morris Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Hilliard	State OH	Zip Code 43026	M 0	D 3	Y 2	Amount 100.00	
Full Name of Contributor Timothy and Teresa Roberts					Registration Number, if PAC		
Street Address 4548 Braithway St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Hilliard	State OH	Zip Code 43026	M 0	D 3	Y 2	Amount 100.00	
Full Name of Contributor Norwich Township Fire Local 1723					Registration Number, if PAC		
Street Address 5181 Northwest Parkway		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Hilliard	State OH	Zip Code 43026	M 0	D 4	Y 1	Amount 288.00	

* 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 appear. (R.C. 3517.10(B)(4))

Page Total \$ 1,938.00