31-A
R.C. 3517.10

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# Statement of Contributions Received

Prescribed by Secretary of State 3/05

| Name of Committee in Full | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Safe Neighborhoods | | | | | | | | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | |
| McKee Door Sales | | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | | | Form (Cash, Check, etc.) | |
| 3025 Nor Bixby | | | | | | | Check | |
| City | State | Zip Code | M | D | Y | | Amount | |
| Columbus | OH | 43232 | 04 | 09 | 10 | | 100 | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | |
| Bepler Insurance | | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | | | Form (Cash, Check, etc.) | |
| 3246 Nor Bixby | | | | | | | Check | |
| City | State | Zip Code | M | D | Y | | Amount | |
| Columbus | OH | 43232 | 04 | 14 | 10 | | 100 | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | |
| Susan Brobst | | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | | | Form (Cash, Check, etc.) | |
| 5151 Berger Rd | | | | | | | Check | |
| City | State | Zip Code | M | D | Y | | Amount | |
| Groveport | OH | 43125 | 04 | 14 | 10 | | 100 | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | |
| Elizabeth Allen | | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | | | Form (Cash, Check, etc.) | |
| 6938 Willow Bloom | | | | | | | Check | |
| City | State | Zip Code | M | D | Y | | Amount | |
| Canal Winchester | OH | 43110 | 01 | 27 | 10 | | 100 | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | |
| Tim Johnson | | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | | | Form (Cash, Check, etc.) | |
| 3796 Stonesthrow Ct | | | | | | | Check | |
| City | State | Zip Code | M | D | Y | | Amount | |
| Hilliard | OH | 43026 | 01 | 20 | 10 | | 200 | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | |
| Gene Warner | | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | | | Form (Cash, Check, etc.) | |
| 4503 Gerling Dr | | | | | | | Check | |
| City | State | Zip Code | M | D | Y | | Amount | |
| Columbus | OH | 43232 | 01 | 27 | 10 | | 100 | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | |
| James Colasure | | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | | | Form (Cash, Check, etc.) | |
| 11449 Woodbridge Ln | | | | | | | Check | |
| City | State | Zip Code | M | D | Y | | Amount | |
| Baltimore | OH | 43105 | 01 | 27 | 10 | | 200 | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | |
| Edward Dildine | | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | | | Form (Cash, Check, etc.) | |
| 4495 Katherine Dr | | | | | | | Check | |
| City | State | Zip Code | M | D | Y | | Amount | |
| Columbus | OH | 43232 | 01 | 22 | 10 | | 100 | |

* 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 $ 960