

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Safety First</b>					
Full Name of Contributor <b>Nancy Pitt</b>			Registration Number, if PAC		
Street Address <b>4830 Elliott Road</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Hilliard</b>	State <b>OH</b>	Zip Code <b>43026</b>	M <b>0</b>	D <b>9</b>	Y <b>1 0 1 4</b>
			Amount <b>25.00</b>		
Full Name of Contributor <b>Elizabeth A. Clark</b>			Registration Number, if PAC		
Street Address <b>229 Winthrop Road</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43214</b>	M <b>0</b>	D <b>9</b>	Y <b>1 5 1 4</b>
			Amount <b>100.00</b>		
Full Name of Contributor <b>Pamela A. Sayre</b>			Registration Number, if PAC		
Street Address <b>2474 Amity Road</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Hilliard</b>	State <b>OH</b>	Zip Code <b>43026</b>	M <b>1</b>	D <b>0</b>	Y <b>0 2 1 4</b>
			Amount <b>100.00</b>		
Full Name of Contributor <b>Denise E. Buerger</b>			Registration Number, if PAC		
Street Address <b>3291 Walker Road</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Hilliard</b>	State <b>OH</b>	Zip Code <b>43026</b>	M <b>1</b>	D <b>0</b>	Y <b>0 2 1 4</b>
			Amount <b>150.00</b>		
Full Name of Contributor <b>Gary Dever</b>			Registration Number, if PAC		
Street Address <b>3989 Walker Road</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Hilliard</b>	State <b>OH</b>	Zip Code <b>43026</b>	M <b>1</b>	D <b>0</b>	Y <b>0 2 1 4</b>
			Amount <b>200.00</b>		
Full Name of Contributor <b>Jeffrey L. Smith</b>			Registration Number, if PAC		
Street Address <b>3008 Amity Road</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Hilliard</b>	State <b>OH</b>	Zip Code <b>43026</b>	M <b>1</b>	D <b>0</b>	Y <b>0 6 1 4</b>
			Amount <b>100.00</b>		
Full Name of Contributor <b>Mutters Lawn Service</b>			Registration Number, if PAC		
Street Address <b>8505 Scioto Darby Road</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Hilliard</b>	State <b>OH</b>	Zip Code <b>43026</b>	M <b>1</b>	D <b>0</b>	Y <b>0 4 1 4</b>
			Amount <b>500.00</b>		
Full Name of Contributor <b>Norwich Township Fire Local 1723</b>			Registration Number, if PAC		
Street Address <b>5181 Northwest Parkway</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Hilliard</b>	State <b>OH</b>	Zip Code <b>43026</b>	M <b>1</b>	D <b>0</b>	Y <b>0 4 1 4</b>
			Amount <b>1,450.00</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 appear. [R.C. 3517.10(B)(4)]