Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Safety First							
Full Name of Contributor		<u></u>	Registrat	tion Numb	her if PA	<u>-</u>	
Nancy Pitt			inceisua.	don ivann	х, ц і л	·C	
Street Address	Employer Occi	ipation/Labor Organization*	<u> </u>			Form (Cash, Ch	ecl: etc.)
4830 Elliott Road	шфюустосс	ipation (200) Organization					cck, cic.)
City	State	Zip Code	М	D	Y	Check	
Hilliard	OH	43026			_	Amount	25.00
Full Name of Contributor	OH	43020	0 9	1 0 tion Numb	1 4		25.00
Elizabeth A. Clark			Kestana	don Nume	KI, II FA	C	
Street Address	Employer Ogo	ipation/Labor Organization*	L		_	Fr (Cost Ct	1
	Employer.Occi	ipation Labor Organization				Form (Cash, Ch	eck, etc.)
229 Winthrop Road City	£*	7:- C-1-		Б	.,	Check	
	State	Zip Code	М	D	Y	Amount	400.00
Columbus Full Name of Contributor	OH	43214	0 9	1 5	1 4		100.00
			Registrat	tion Numb	ber, if PA	c	
Pamela A. Sayre			<u> </u>				
Street Address	Employer Occi	ipation/Labor Organization*				Form (Cash, Cb	eck, etc.)
2474 Amity Road						Check	
City	State	Zip Code	M	D	Y	Amount	
Hilliard	OH	43026	1 0	0 2	1 4		100.00
Full Name of Contributor			Registrat	tion Numb	ber, if PA	С	
Denise E. Buergel			L				
Street Address	Employer Occupation/Labor Organization*					Form (Cash, Ch	eck, etc.)
3291 Walker Road						Check	
City	State	Zip Code	M	D	Y	Amount	
Hilliard	OH	43026	1 0	0 2	1 4		150.00
Full Name of Contributor				tion Numb	er, if PA	С	
Gary Dever							
Street Address	Employer Occu	spation/Labor Organization*				Form (Cash, Ch	eck, etc.)
3989 Walker Road						Check	
City	State	Zip Code	M	D	Y	Amount	
Hilliard	OH	43026	1 0	0 2	1 4		200.00
Full Name of Contributor		10020		tion Numb		c	
Jeffrey L. Smith							
Street Address	Employer, Occi	upation/Labor Organization*				Form (Cash, Ch	eck, etc.)
3008 Amity Road						Check	
City	State	Zip Code	M	D	Y	Amount	
Hilliard	OH	43026		0 6			100.00
Full Name of Contributor	011	43020		tion Numl		.C	100.00
Mutters Lawn Service			12				
Street Address	Employer: Occi	upation/Labor Organization*				Form (Cash, Ch	eck. etc.)
8505 Scioto Darby Road	Employer occupation throat Organization					Check	•••••
City Road	State	Zip Code	M	D	Y	Amount	
Hilliard	OH	43026	1 0		1 4	/ tinocin	500.00
Full Name of Contributor	OH	43020		tion Numl			300.00
			Regista	uon ruma	ωι, <u>α</u> ι π	·C	
Norwich Township Fire Local 1723	Employer Occupation/Labor Organization*		L			Form (Cash, Ch	act atc \
Street Address	Employer Occupation Labor Organization*					4	KUK, EU.)
5181 Northwest Parkway	ć	7:- C-1-	14	В	v	Check	
City	State	Zip Code	M	D 4	Y	Amount	1.450.00
Hilliard	OH	43026	1 0	0 4	14		1,450.00

^{*} 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)]