

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Safety First</b>							
Full Name of Contributor <b>Donald Brasius</b>						Registration Number, if PAC	
Street Address <b>2481 Sherwood Rd</b>			Employer/Occupation/Labor Organization* <b>Lawyer</b>			Form (Cash, Check, etc.) <b>Cash</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43209</b>	M <b>03</b>	D <b>16</b>	Y <b>10</b>	Amount <b>100<sup>00</sup></b>
Full Name of Contributor <b>Scott, Scriven &amp; Wahoff, LLP</b>						Registration Number, if PAC	
Street Address <b>50 W. Broad St</b>			Employer/Occupation/Labor Organization* <b>Lawyer</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>	M <b>03</b>	D <b>31</b>	Y <b>10</b>	Amount <b>500<sup>00</sup></b>
Full Name of Contributor <b>Chris Hann</b>						Registration Number, if PAC	
Street Address <b>4600 Lockbourne Rd</b>			Employer/Occupation/Labor Organization* <b>Trustee / Farmer</b>			Form (Cash, Check, etc.) <b>Cash</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43207</b>	M <b>03</b>	D <b>20</b>	Y <b>10</b>	Amount <b>230<sup>00</sup></b>
Full Name of Contributor <b>Lombardi's Dairy</b>						Registration Number, if PAC	
Street Address <b>6251 South High St</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Cash</b>	
City <b>Lockbourne</b>		State <b>OH</b>	Zip Code <b>43137</b>	M <b>03</b>	D <b>26</b>	Y <b>10</b>	Amount <b>50<sup>00</sup></b>
Full Name of Contributor <b>Storage King</b>						Registration Number, if PAC	
Street Address <b>4552 Lockbourne Rd</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43207</b>	M <b>03</b>	D <b>27</b>	Y <b>10</b>	Amount <b>50<sup>00</sup></b>
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State <b>OH</b>	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State <b>OH</b>	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State <b>OH</b>	Zip Code	M	D	Y	Amount

\* 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)]

**\$930.00**  
Page Total **\$0.00**