Statement of Contributions Received

Page ____

Prescribed by Secretary of State 03/05

						
Name of Committee in Full 3 Safety First						
Full Name of Contributor			Registratio	on Numbe	r, if PAC	
Local Waste Services, 1	LLC				Ţı	Form (Cash, Check, etc.)
Full Name of Contributor Local Waste Services, I Street Address 1300 5 Columbus Airport R City	Employer/Occupat	ion/Labor Organization				Cleck
Columbics	State	Zip Code 43207	Ös	14	ľ3ľ	Amount \$100.€
			Registratio	on Numb	er, if PAC	C .
CME Federal Credit V	4101		<u> </u>		1.	Form (Cash, Check, etc.)
CME Federal Credit U Street Address 365 South Fourth St.	Employer/Occupat	tion/Labor Organization				Check
Columbia	State	Zip Code 433-15	ős	14	i 3	C2.001
Full Name of Contributor	<u>, </u>		Registrati	on Numb	er, if PA	c
	. <u></u>					E-Cort Charles
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			Registrat	on Numb	er, if PA	С
•						From (Crob Cheek etc.)
Street Address	Employer/Occupa	ttion/Labor Organization"				Form (Cash, Check, etc.)
City	State	Zip Code	M	D		Amount
Full Name of Contributor			Registrat	ion Numl	per, if PA	C
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
<u> </u>			Registra	tion Num	ber, if Pa	\C
Full Name of Contributor Registration Number, if PAC						
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)
City .	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			Registra	tion Num	ber, if P	AC
						Form (Cash, Check, etc.)
Street Address	Employer/Occup	oation/Labor Organization				rorm (Cash, Check, etc.)
City	State	Zip Code	Mé	D	Y	Amount
Full Name of Contributor Registration Number, if						AC
Street Address	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
		<u> </u>	1 !	1 [!!	<u></u>

Page Total S 200.00

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 also appear. [R.C. 3517.10(B)(4)]