

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Safety First							
Full Name of Contributor Local Waste Services, LLC						Registration Number, if PAC	
Street Address 1300 S. Columbus Airport Rd.						Employer/Occupation/Labor Organization*	
City Columbus						Form (Cash, Check, etc.) Check	
State OH						Zip Code 43207	
M 05						D 14	
Y 13						Amount \$100.00	
Full Name of Contributor CME Federal Credit Union							
Street Address 365 South Fourth St.						Employer/Occupation/Labor Organization*	
City Columbus						Form (Cash, Check, etc.) Check	
State OH						Zip Code 43215	
M 05						D 14	
Y 13						Amount \$100.00	
Full Name of Contributor							
Street Address						Employer/Occupation/Labor Organization*	
City						Form (Cash, Check, etc.)	
State						Zip Code	
M						D	
Y						Amount	
Full Name of Contributor							
Street Address						Employer/Occupation/Labor Organization*	
City						Form (Cash, Check, etc.)	
State						Zip Code	
M						D	
Y						Amount	
Full Name of Contributor							
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City						Form (Cash, Check, etc.)	
State						Zip Code	
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Full Name of Contributor							
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City						Form (Cash, Check, etc.)	
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M						D	
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Full Name of Contributor							
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City						Form (Cash, Check, etc.)	
State						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)]