

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full CITIZENS FOR A SAFER FRANKLIN TOWNSHIP						
Full Name of Contributor BIC COMMUNICATIONS				Registration Number, if PAC		
Street Address 1740 HARMON AVE.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State OH	Zip Code 43223	M 0	D 8	Y 3	Amount \$100.00
Full Name of Contributor DONALD BROSIUS				Registration Number, if PAC		
Street Address 1600 DUBLIN RD.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State OH	Zip Code 43215	M 0	D 8	Y 3	Amount \$100.00
Full Name of Contributor HERITAGE MEDICAL INC.				Registration Number, if PAC		
Street Address 622 W. FAIR AVE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK		
City LANCASTER	State OH	Zip Code 43130	M 0	D 8	Y 3	Amount \$500.00
Full Name of Contributor LUYANG YIN				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK		
City	State	Zip Code	M 0	D 9	Y 0	Amount \$50.00
Full Name of Contributor BOARD UP COLUMBUS INC.				Registration Number, if PAC		
Street Address 5520 PARKWAY LANE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State OH	Zip Code 43026	M 1	D 0	Y 1	Amount \$100.00
Full Name of Contributor OHIO ASSOCIATION OF PROFESSIONAL FIREFIGHTERS				Registration Number, if PAC		
Street Address 140 E TOWN ST. STE. 1225		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State OH	Zip Code 43215	M 1	D 1	Y 0	Amount \$1500.00
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				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
City	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)]

Page Total \$ **2350.00**