

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Page **2**

Name of Committee in Full Citizens for a Safer Community									
Full Name of Contributor Nationwide Mutual Insurance Company						Registration Number, if PAC			
Street Address 1 Nationwide Plaza			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus			State OH <input checked="" type="checkbox"/>		Zip Code 43054		M D Y 0 4 0 2 1 5		Amount \$2,500.00
Full Name of Contributor Luitpold Pharmaceuticals						Registration Number, if PAC			
Street Address 6610 New Albany Road E			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City New Albany			State OH <input checked="" type="checkbox"/>		Zip Code 43054		M D Y 0 4 0 8 1 5		Amount \$1,000.00
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State OH <input checked="" type="checkbox"/>		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 OH <input checked="" type="checkbox"/>		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 OH <input checked="" type="checkbox"/>		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 OH <input checked="" type="checkbox"/>		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 OH <input checked="" type="checkbox"/>		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 OH <input checked="" type="checkbox"/>		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 OH <input checked="" type="checkbox"/>		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 **\$3,500.00**