

Statement of Contributions Received

Prescribed by Secretary of State 03/05

| | | | | | | | | | |
|--|--|--------------------|--|---|--|---------------|-----------------------------|--|--|
| Name of Committee in Full SAFE NEIGHBORHOODS | | | | | | | | | |
| Full Name of Contributor DUNLOE PTO | | | | | | | Registration Number, if PAC | | |
| Street Address 3200 DUNLOE RD | | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) CHECK | |
| City COLUMBUS | | State OH | | Zip Code 43232 | | M 0 | | D 4 | |
| | | | | | | Y 2 | | Amount \$50.00 | |
| Full Name of Contributor ELIZABETH ALLEN | | | | | | | Registration Number, if PAC | | |
| Street Address 6938 WILLOW BLOOM DR | | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) CHECK | |
| City CANAL WINCHESTER | | State OH | | Zip Code 43110 | | M 0 | | D 4 | |
| | | | | | | Y 2 | | Amount \$50.00 | |
| Full Name of Contributor TERRI SIZEMORE | | | | | | | Registration Number, if PAC | | |
| Street Address 440 GROVEPORT ST | | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) CHECK | |
| City GROVEPORT | | State OH | | Zip Code 43125 | | M 0 | | D 4 | |
| | | | | | | Y 2 | | Amount \$100.00 | |
| Full Name of Contributor DON HARTMAN INC | | | | | | | Registration Number, if PAC | | |
| Street Address 38 W WATERLOO ST | | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) CHECK | |
| City CANAL WINCHESTER | | State OH | | Zip Code 43110 | | M 0 | | D 4 | |
| | | | | | | Y 2 | | Amount \$100.00 | |
| Full Name of Contributor DORCY INTERNATIONAL | | | | | | | Registration Number, if PAC | | |
| Street Address 2700 PORT ROAD | | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) CHECK | |
| City COLUMBUS | | State OH | | Zip Code 43217 | | M 0 | | D 4 | |
| | | | | | | Y 1 | | Amount \$500.00 | |
| Full Name of Contributor ROBERT SAUTER ATTY | | | | | | | Registration Number, if PAC | | |
| Street Address 225 E BROAD ST | | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) CHECK | |
| City COLUMBUS | | State OH | | Zip Code 43215 | | M 0 | | D 4 | |
| | | | | | | Y 2 | | Amount \$100.00 | |
| Full Name of Contributor MICHAEL SHORT | | | | | | | Registration Number, if PAC | | |
| Street Address 21 EAST STATE ST - SUITE 1600 | | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) CHECK | |
| City COLUMBUS | | State OH | | Zip Code 43215 | | M 0 | | D 4 | |
| | | | | | | Y 2 | | Amount \$250.00 | |
| Full Name of Contributor CHRISTOPHER COLUMBUS EDUCATION FOUNDATION INC | | | | | | | Registration Number, if PAC | | |
| Street Address 3442 S HAMILTON RD | | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) CHECK | |
| City COLUMBUS | | State OH | | Zip Code 43232 | | M 0 | | D 4 | |
| | | | | | | Y 1 | | Amount \$500.00 | |

* 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)]

Page Total **\$1,650.00**