

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Safety First</b>							
Full Name of Contributor <b>Jeff Warren</b>				Registration Number, if PAC		Form (Cash, Check, etc.)	
Street Address <b>1222 Carnoustie Circle</b>				Employer/Occupation/Labor Organization*		Cash	
City <b>Grove City</b>	State <b>OH</b>	Zip Code <b>43123</b>	M <b>0</b>	D <b>2</b>	Y <b>2</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Bob Kaufman</b>				Registration Number, if PAC		Form (Cash, Check, etc.)	
Street Address <b>6200 Countryside Road</b>				Employer/Occupation/Labor Organization*		Cash	
City <b>Plain City</b>	State <b>OH</b>	Zip Code <b>43064</b>	M <b>0</b>	D <b>2</b>	Y <b>2</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Charles &amp; Mary Buck</b>				Registration Number, if PAC		Form (Cash, Check, etc.)	
Street Address <b>4814 Canterwood Ct.</b>				Employer/Occupation/Labor Organization*		Check	
City <b>Hilliard</b>	State <b>OH</b>	Zip Code <b>43026</b>	M <b>0</b>	D <b>2</b>	Y <b>2</b>	Amount <b>200.00</b>	
Full Name of Contributor <b>Elizabeth Clark</b>				Registration Number, if PAC		Form (Cash, Check, etc.)	
Street Address <b>229 Winthrop Rd</b>				Employer/Occupation/Labor Organization*		Check	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43214</b>	M <b>0</b>	D <b>2</b>	Y <b>2</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Gregory &amp; Gayle Ruwe</b>				Registration Number, if PAC		Form (Cash, Check, etc.)	
Street Address <b>8655 Patterson Rd</b>				Employer/Occupation/Labor Organization*		Check	
City <b>Hilliard</b>	State <b>OH</b>	Zip Code <b>43026</b>	M <b>0</b>	D <b>2</b>	Y <b>2</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Jeffrey &amp; Linda Smith</b>				Registration Number, if PAC		Form (Cash, Check, etc.)	
Street Address <b>3008 Amity Rd</b>				Employer/Occupation/Labor Organization*		Check	
City <b>Hilliard</b>	State <b>OH</b>	Zip Code <b>43026</b>	M <b>0</b>	D <b>2</b>	Y <b>4</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Tim Shade</b>				Registration Number, if PAC		Form (Cash, Check, etc.)	
Street Address <b>8178 Morris Rd</b>				Employer/Occupation/Labor Organization*		Cash	
City <b>Hilliard</b>	State <b>OH</b>	Zip Code <b>43026</b>	M <b>0</b>	D <b>2</b>	Y <b>7</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Barbara Hoover</b>				Registration Number, if PAC		Form (Cash, Check, etc.)	
Street Address <b>8375 Patterson Rd</b>				Employer/Occupation/Labor Organization*		Cash	
City <b>Hilliard</b>	State <b>OH</b>	Zip Code <b>43026</b>	M <b>0</b>	D <b>2</b>	Y <b>7</b>	Amount <b>50.00</b>	

\* 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 appear. [R.C. 3517.10(B)(4)]