

# 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>Barbara A. Huggett</b>				Registration Number, if PAC			
Street Address <b>2133 Amity Road</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>		Amount	
City <b>Hilliard</b>	State <b>OH</b>	Zip Code <b>43026</b>		M <b>1</b>	D <b>0</b>	Y <b>1 5 1 4</b>	<b>50.00</b>
Full Name of Contributor <b>Gayle A. Ruwe</b>				Registration Number, if PAC			
Street Address <b>8655 Patterson Road</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>		Amount	
City <b>Hilliard</b>	State <b>OH</b>	Zip Code <b>43026</b>		M <b>1</b>	D <b>0</b>	Y <b>1 5 1 4</b>	<b>50.00</b>
Full Name of Contributor <b>John Tholen</b>				Registration Number, if PAC			
Street Address <b>2096 Amity Road</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>		Amount	
City <b>Hilliard</b>	State <b>OH</b>	Zip Code <b>43026</b>		M <b>1</b>	D <b>0</b>	Y <b>1 5 1 4</b>	<b>50.00</b>
Full Name of Contributor <b>Lana J. Ahlum</b>				Registration Number, if PAC			
Street Address <b>8501 Patterson Road</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>		Amount	
City <b>Hilliard</b>	State <b>OH</b>	Zip Code <b>43026</b>		M <b>1</b>	D <b>0</b>	Y <b>1 7 1 4</b>	<b>100.00</b>
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		Amount	
City	State	Zip Code		M	D	Y	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		Amount	
City	State	Zip Code		M	D	Y	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		Amount	
City	State	Zip Code		M	D	Y	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		Amount	
City	State	Zip Code		M	D	Y	

\* 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)]