## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full				-		<u>.                                    </u>	1	
Safety First						-		
Full Name of Contributor			Panista	ion Numi	ber, if PA	<u></u>		
Barbara A. Huggett			Kegisua	non ivalii	oer, ii ra	i.C		
Street Address	Employer Occo	Employer/Occupation/Labor Organization*				Form (Cash, Che	al: ata )	
	Linployer/Occi					1	CK, EIC.)	
2133 Amity Road	State	Zip Code	M	D	Y	Check Amount		
Hilliard	OH	=				Alliouni	E0.00	
Full Name of Contributor	011	43026	1 0		1 4 ber, if PA		50.00	
Gayle A. Ruwe			Registrat	non Nam	bei, ii FA	i.C		
Street Address	Employee Occu	upation/Labor Organization*				Form (Cash, Che	ale ata l	
8655 Patterson Road	ыпрюустосс	Simpleyer Steaparton Easts organization				1 `	CK, CIC.)	
City	State	Zip Code	М	D	Y	Check		
Hilliard	OH	43026	•			Allouni	E0.00	
Full Name of Contributor	On	45020	<u> </u>	1 5	1 4 ber. if PA		50.00	
John Tholen			Kegistiai	TOD TARIE	oci. ii i A	.c		
Street Address	Employer Occu	Employer Occupation/Labor Organization*				Form (Cash, Che	al: ata )	
	широўсносс					P .	ck. e.c.)	
2096 Amity Road <sub>City</sub>	State	Zip Code	M	D	Y	Check		
Hilliard	OH	43026	1 0	1 5		Amount	50.00	
Full Name of Contributor	<u> </u>	43020			14 ber, if PA		50.00	
Lana J. Ahlum				uon rum	J., 11 1 1 1			
Street Address	Employer/Occs	upation/Labor Organization*	<u> </u>			Form (Cash, Che	ck etc.)	
8501 Patterson Road	Limpioyen	apadon Europi Organización				Check	CE, Cic.)	
City	State	Zip Code	М	D	Y	Amount		
Hilliard	OH	43026	1 0	1 7	1 4	Andan	100.00	
Full Name of Contributor	OH	43020	<u>`</u>		ber, if PA	C	100.00	
						.0		
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				Form (Cash, Che	ck. etc.)	
		-r						
City	State	Zip Code	М	D	Y	Amount		
	2.2			_	-			
Full Name of Contributor			Registra	tion Num	ber, if PA	C		
Street Address	Employer, Occu	Employer Occupation/Labor Organization*				Form (Cash, Che	ck, etc.)	
						(	, , , , ,	
City	State	Zip Code	M	Đ	Y	Amount		
, '		•						
Full Name of Contributor			Registra	tion Num	ber, if PA	C		
Street Address	Employer: Occ	upation/Labor Organization*	<u> </u>			Form (Cash, Che	ck, etc.)	
	• •							
City	State	Zip Code	M	D	Y	Amount		
<b>1</b>		•						
Full Name of Contributor			Registra	tion Num	ber, if PA	C		
					<sup>-</sup>			
Street Address	Employer:Occupation/Labor Organization*					Form (Cash, Che	ek, etc.)	
		-						
City	State	Zip Code	М	D	Y	Amount		
						I		

<sup>\*</sup> 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)]