

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>SAFE NEIGHBORHOODS</b>									
Full Name of Contributor <b>MADISON ELEMENTARY PTO</b>							Registration Number, if PAC		
Street Address <b>4600 MADISON SCHOOL DRIVE</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>COLUMBUS</b>		State <b>OH</b>		Zip Code <b>43232</b>		M <b>0</b>		D <b>4</b>	
						Y <b>2</b>		Amount <b>\$50.00</b>	
Full Name of Contributor <b>CLOPPERT LATANICK SAUTER WASHBURN ATTYS AT LAW</b>							Registration Number, if PAC		
Street Address <b>225 E BROAD ST</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>COLUMBUS</b>		State <b>OH</b>		Zip Code <b>43215</b>		M <b>0</b>		D <b>4</b>	
						Y <b>3</b>		Amount <b>\$150.00</b>	
Full Name of Contributor <b>BRIGHT INNOVATIONS</b>							Registration Number, if PAC		
Street Address <b>5141 BIXFORD AVE</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>CANAL WINCHESTER</b>		State <b>OH</b>		Zip Code <b>43110</b>		M <b>0</b>		D <b>4</b>	
						Y <b>2</b>		Amount <b>\$100.00</b>	
Full Name of Contributor <b>JAMES SULLIVAN</b>							Registration Number, if PAC		
Street Address <b>5727 HARBOR BLVD</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>MONEY ORDER</b>	
City <b>COLUMBUS</b>		State <b>OH</b>		Zip Code <b>43232</b>		M <b>0</b>		D <b>4</b>	
						Y <b>2</b>		Amount <b>\$50.00</b>	
Full Name of Contributor <b>BOB WARD CONSTRUCTION AND RENTALS</b>							Registration Number, if PAC		
Street Address <b>5141 BIXFORD AVE</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>CANAL WINCHESTER</b>		State <b>OH</b>		Zip Code <b>43110</b>		M <b>0</b>		D <b>4</b>	
						Y <b>2</b>		Amount <b>\$100.00</b>	
Full Name of Contributor <b>ROGER CURRY</b>							Registration Number, if PAC		
Street Address <b>10820 EDGEWOOD DR</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>DUBLIN</b>		State <b>OH</b>		Zip Code <b>43017</b>		M <b>0</b>		D <b>4</b>	
						Y <b>2</b>		Amount <b>\$50.00</b>	
Full Name of Contributor <b>GROVEPORT MADISON PTO</b>							Registration Number, if PAC		
Street Address <b>5474 SEDALIA DR</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>COLUMBUS</b>		State <b>OH</b>		Zip Code <b>43232</b>		M <b>0</b>		D <b>4</b>	
						Y <b>2</b>		Amount <b>\$50.00</b>	
Full Name of Contributor <b>SEDALIA ELEMENTARY PTO</b>							Registration Number, if PAC		
Street Address <b>5400 SEDALIA DR</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>COLUMBUS</b>		State <b>OH</b>		Zip Code <b>43232</b>		M <b>0</b>		D <b>4</b>	
						Y <b>2</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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$600.00**