

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full SAFE NEIGHBOR HOODS													
Full Name of Contributor DALE BRYAN							Registration Number, if PAC						
Street Address 2190 Amanda Northern Rd				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH						
City Amanda		State Ohio		Zip Code 43102		M 04		D 30		Y 11		Amount 100-	
Full Name of Contributor James L. Hummel							Registration Number, if PAC						
Street Address 5501 Bachman Rd				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check						
City CANAL Winchester		State Ohio		Zip Code 43110		M 04		D 30		Y 11		Amount 100-	
Full Name of Contributor Kenneth J. Braden							Registration Number, if PAC						
Street Address 3795 Wade Rd				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check						
City Columbus		State Ohio		Zip Code 43232		M 04		D 30		Y 11		Amount 100	
Full Name of Contributor Deborah Skinner							Registration Number, if PAC						
Street Address 7597 Walnut DR.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check						
City Canal Winchester		State Ohio		Zip Code 43110		M 05		D 04		Y 11		Amount 50-	
Full Name of Contributor							Registration Number, if PAC						
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)						
City		State		Zip Code		M		D		Y		Amount	
Full Name of Contributor							Registration Number, if PAC						
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)						
City		State		Zip Code		M		D		Y		Amount	
Full Name of Contributor							Registration Number, if PAC						
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)						
City		State		Zip Code		M		D		Y		Amount	
Full Name of Contributor							Registration Number, if PAC						
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)						
City		State		Zip Code		M		D		Y		Amount	

* 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 \$ **350**