

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Safe Neighborhoods							
Full Name of Contributor Kenneth Ruhn					Registration Number, if PAC		
Street Address 1486 Kingston Pike		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Circleville	State OH	Zip Code 43113	M 01	D 28	Y 10	Amount 100⁻	
Full Name of Contributor E. P. Ferris & Associates					Registration Number, if PAC		
Street Address 880 King Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43212	M 01	D 22	Y 10	Amount 100⁻	
Full Name of Contributor Dale Bryan					Registration Number, if PAC		
Street Address 2190 Amanda Northern Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Amanda	State OH	Zip Code 43102	M 02	D 10	Y 10	Amount 100⁻	
Full Name of Contributor Michael Ratliff					Registration Number, if PAC		
Street Address 301 Pearl Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Pickerington	State OH	Zip Code 43147	M 02	D 03	Y 10	Amount 200⁻	
Full Name of Contributor Victor Boyd					Registration Number, if PAC		
Street Address 60 Thomas Christopher Ln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Pataskala	State OH	Zip Code 43062	M 02	D 04	Y 10	Amount 150⁻	
Full Name of Contributor Terri Sizemore					Registration Number, if PAC		
Street Address 440 Grove St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Groveport	State OH	Zip Code 43125	M 02	D 04	Y 10	Amount 100⁻	
Full Name of Contributor Thomas Schleppe					Registration Number, if PAC		
Street Address 4640 St. Rt. 674		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Circleville	State OH	Zip Code 43113	M 02	D 28	Y 10	Amount 150⁻	
Full Name of Contributor Barbara Adams					Registration Number, if PAC		
Street Address 6575 Lakeview Cirde		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Canal Winchester	State OH	Zip Code 43110	M 03	D 17	Y 10	Amount 200⁻	

* 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)]

Page Total \$ **1100** ~~000~~