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Statement of Contributions Received

Prescribed by Secretary of State 3/05

		•					
Name of Committee in Full						_	
Safety First							
Full Name of Contributor				Registration Number, if PAC			
Henry K Fischer							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
742 Riverwatch Drive					Check		
City	State	Zip Code	M	D	Y	Amount	
Crescent Springs	KY	41017	110	0 6	114	500.00	
Full Name of Contributor		•	Registra	tion Num			
Mark V. Lorson							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
8322 Patterson Road	1					Check	
City	State	Zip Code	M	D	Y	Amount	
Hilliard	ОНІ	43026	110	0/9	114	100.00	
Full Name of Contributor	10111	1 15020		tion Num			
Barbara A. Hoover			ľ			-	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
8375 Patterson Road	Employer/Occupation/Labor Organization					Check	
City	State	Zip Code	М	D	Y	Amount	
Hilliard	OHI	43026	10	Ι.	l .	100.00	
Full Name of Contributor	TOTT	1 43020		tion Numi			
			102.544				
Street Address	Employer/Occa	mation@abor Organization*				Form (Cash, Check, etc.)	
Sact Added	Employer/Occupation/Labor Organization*					ouii (casi, ciica, ca.)	
City	State	Zip Code	М	D	ΙΥ	Amount	
City	1	Zip Code	"		l 'i	Allouis	
Full Name of Contributor	Į I		Panistra	tion Num	l I	<u> </u>	
red Name of Conditions			registra	iuon ivuin	oci, ii ra		
reet Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
Succe Addition	imployer occupation organization					Total (Casa, Caeca, etc.)	
Cit.		7:- 0-1-	М		1 0		
City	State	Zip Code	M	D	Y	Amount	
(C. 11) (C. 11)	<u></u>	<u></u>	D. for	1 1			
Full Name of Contributor Registration Number, if PAC							
2	eet Address Employer/Occupation/Labor Organization*						
Street Address	Primploy Arcecupation Labor Organization					Form (Cash, Check, etc.)	
		17: 6 :	- 1.57	T 5 -	Г	ļ <u>. </u>	
City	State	Zip Code	M	D	Y	Amount	
			<u> </u>	1 1		<u> </u>	
Full Name of Contributor			Registra	tion Num	ber, it PA	C	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y,	Amount	
			1				
Full Name of Contributor Registration Number, if PA						ıC	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
	<u> </u>		1 1			<u> </u>	

Page Total \$ 700.00

^{*} 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)]