

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED  
10 JUN 11 PM 2:46  
FRANKLIN COUNTY  
ELECTIONS

Full Name of Committee <b>SAFE NEIGHBORHOODS</b>							Registration Number, if PAC: _____			
Full Name of Candidate										
Street Address <b>5501 BACHMAN RD</b>					Office Sought			District		
City <b>CANAL WINCHESTER</b>						State <b>OH</b>		Zip Code <b>43110</b>		
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input checked="" type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General	<input type="checkbox"/> Annual Year					
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	<input type="checkbox"/> Semiannual					
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date of Election			0 <sup>M</sup>	5	0 <sup>D</sup>	4	1 <sup>Y</sup>	0

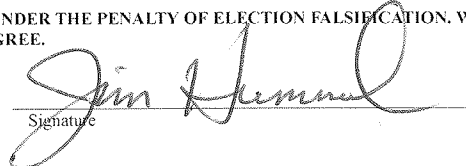
For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box  No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	\$5.00
2. Total monetary contributions (From Form No. 31-A)	\$	\$6,810.00
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	\$6,815.00
5. Total monetary expenditures (From Form No. 31-B)	\$	\$6,805.08
6. Balance on hand (line 4 minus line 5)	\$	\$9.92
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	
12. Value of independent expenditures made (From Form No. 31-U)	\$	
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

JIM HUMMEL, TREAS.

Print Name and Title (Treasurer and Deputy Treasurer only)

  
Signature

06/10/2010

Date

Contribution pages 4

Expenditure pages 1

Other pages 11

Total pages 16

# 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 2</b>	Y <b>1 0</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>CLOPERT 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 0</b>	Y <b>1 0</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 1</b>	Y <b>1 0</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 1</b>	Y <b>1 0</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 1</b>	Y <b>1 0</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 3</b>	Y <b>1 0</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 2</b>	Y <b>1 0</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 3</b>	Y <b>1 0</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)]

# 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 TOWNSHIP FIREFIGHTERS LOCAL 2507</b>							Registration Number, if PAC				
Street Address <b>4575 MADISON LANE</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>				
City <b>GROVEPORT</b>		State <b>OH</b>	Zip Code <b>43125</b>		M <b>0</b>	D <b>4</b>	Y <b>1</b>	Y <b>9</b>	Y <b>1</b>	Y <b>0</b>	Amount <b>\$500.00</b>
Full Name of Contributor <b>BOB MCDORMAN CHEVROLET</b>							Registration Number, if PAC				
Street Address <b>5885 GENDER RD</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>	Y <b>9</b>	Y <b>1</b>	Y <b>0</b>	Amount <b>\$500.00</b>
Full Name of Contributor <b>JAMES HUMMEL</b>							Registration Number, if PAC				
Street Address <b>5501 BACHMAN RD</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>1</b>	Y <b>8</b>	Y <b>1</b>	Y <b>0</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>LARRY FLOWERS</b>							Registration Number, if PAC				
Street Address <b>216 WASHINGTON ST</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>5</b>	Y <b>0</b>	Y <b>2</b>	Y <b>1</b>	Y <b>0</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>FRATERNAL ORDER OF POLICE</b>							Registration Number, if PAC				
Street Address <b>6800 SCHROCK HILL COURT</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>				
City <b>COLUMBUS</b>		State <b>OH</b>	Zip Code <b>43229</b>		M <b>0</b>	D <b>5</b>	Y <b>0</b>	Y <b>2</b>	Y <b>1</b>	Y <b>0</b>	Amount <b>\$3,000.00</b>
Full Name of Contributor <b>JAMES L HUMMEL</b>							Registration Number, if PAC				
Street Address <b>5501 BACHMAN RD</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CASH</b>				
City <b>CANAL WINCHESTER</b>		State <b>OH</b>	Zip Code <b>43110</b>		M <b>0</b>	D <b>5</b>	Y <b>0</b>	Y <b>2</b>	Y <b>1</b>	Y <b>0</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>JOHN HUMMEL</b>							Registration Number, if PAC				
Street Address <b>5501 BACHMAN RD</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CASH</b>				
City <b>CANAL WINCHESTER</b>		State <b>OH</b>	Zip Code <b>43110</b>		M <b>0</b>	D <b>5</b>	Y <b>0</b>	Y <b>2</b>	Y <b>1</b>	Y <b>0</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>JILL HUMMEL</b>							Registration Number, if PAC				
Street Address <b>5501 BACHMAN RD</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CASH</b>				
City <b>CANAL WINCHESTER</b>		State <b>OH</b>	Zip Code <b>43110</b>		M <b>0</b>	D <b>5</b>	Y <b>0</b>	Y <b>2</b>	Y <b>1</b>	Y <b>0</b>	Amount <b>\$100.00</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)]

# 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>DUNLOE PTO</b>							Registration Number, if PAC				
Street Address <b>3200 DUNLOE RD</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>	Y <b>3</b>	Y <b>1</b>	Y <b>0</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>ELIZABETH ALLEN</b>							Registration Number, if PAC				
Street Address <b>6938 WILLOW BLOOM DR</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>	Y <b>0</b>	Y <b>1</b>	Y <b>0</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>TERRI SIZEMORE</b>							Registration Number, if PAC				
Street Address <b>440 GROVEPORT ST</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>				
City <b>GROVEPORT</b>		State <b>OH</b>	Zip Code <b>43125</b>		M <b>0</b>	D <b>4</b>	Y <b>2</b>	Y <b>7</b>	Y <b>1</b>	Y <b>0</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>DON HARTMAN INC</b>							Registration Number, if PAC				
Street Address <b>38 W WATERLOO ST</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>	Y <b>4</b>	Y <b>1</b>	Y <b>0</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>DORCY INTERNATIONAL</b>							Registration Number, if PAC				
Street Address <b>2700 PORT ROAD</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>				
City <b>COLUMBUS</b>		State <b>OH</b>	Zip Code <b>43217</b>		M <b>0</b>	D <b>4</b>	Y <b>1</b>	Y <b>4</b>	Y <b>1</b>	Y <b>0</b>	Amount <b>\$500.00</b>
Full Name of Contributor <b>ROBERT SAUTER ATTY</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>2</b>	Y <b>4</b>	Y <b>1</b>	Y <b>0</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>MICHAEL SHORT</b>							Registration Number, if PAC				
Street Address <b>21 EAST STATE ST - SUITE 1600</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>2</b>	Y <b>4</b>	Y <b>1</b>	Y <b>0</b>	Amount <b>\$250.00</b>
Full Name of Contributor <b>CHRISTOPHER COLUMBUS EDUCATION FOUNDATION INC</b>							Registration Number, if PAC				
Street Address <b>3442 S HAMILTON RD</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>1</b>	Y <b>6</b>	Y <b>1</b>	Y <b>0</b>	Amount <b>\$500.00</b>

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# 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>JACOB HUMMEL</b>							Registration Number, if PAC				
Street Address <b>618 WALNUT ST</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CASH</b>				
City <b>NELSONVILLE</b>		State <b>OH</b>	Zip Code <b>45762</b>		M <b>0</b>	D <b>5</b>	Y <b>0</b>	Y <b>2</b>	Y <b>1</b>	Y <b>0</b>	Amount <b>\$60.00</b>
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	Y	Y	Amount	
OH											
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	Y	Y	Amount	
OH											
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	Y	Y	Amount	
OH											
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	Y	Y	Amount	
OH											
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	Y	Y	Amount	
OH											
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	Y	Y	Amount	
OH											
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	Y	Y	Amount	
OH											

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# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full													
SAFE NEIGHBORHOODS													
To Whom Paid							M	D	Y	Amount			
POSTMASTER							0	4	0	9	1	0	\$220.00
Address				Purpose									
				STAMPS									
City			State	Zip Code	Check Number								
CANAL WINCHESTER			OH	43110	1006								
To Whom Paid							M	D	Y	Amount			
POSTMASTER							0	4	1	3	1	0	\$84.00
Address				Purpose									
				STAMPS									
City			State	Zip Code	Check Number								
CANAL WINCHESTER			OH	43110	1007								
To Whom Paid							M	D	Y	Amount			
POSTMASTER							0	4	1	6	1	0	\$88.00
Address				Purpose									
				STAMPS									
City			State	Zip Code	Check Number								
CANAL WINCHESTER			OH	43110	1008								
To Whom Paid							M	D	Y	Amount			
COMMUNICATIONS COUNSEL							0	4	2	1	1	0	\$1,750.00
Address				Purpose									
37 WEST BROAD ST SUITE 325				CONSULTING INVOICE #1038									
City			State	Zip Code	Check Number								
COLUMBUS			OH	43215	1010								
To Whom Paid							M	D	Y	Amount			
WALGREENS							0	4	1	6	1	0	\$20.27
Address				Purpose									
6266 GENDER RD				INK CARTRIDGE - BLACK									
City			State	Zip Code	Check Number								
CANAL WINCHESTER			OH	43110	1009								
To Whom Paid							M	D	Y	Amount			
GRAPHIC T'S							0	4	2	8	1	0	\$250.00
Address				Purpose									
532 MAIN ST				YARD SIGNS									
City			State	Zip Code	Check Number								
GROVEPORT			OH	43125	1011								
To Whom Paid							M	D	Y	Amount			
COMMUNICATIONS COUNSEL							0	4	3	0	1	0	\$4,344.81
Address				Purpose									
37 W BROAD ST				CONSULTING INVOICE# 1057									
City			State	Zip Code	Check Number								
COLUMBUS			OH	43215	1012 &1013								
To Whom Paid							M	D	Y	Amount			
POSTMASTER							0	4	2	3	1	0	\$88.00
Address				Purpose									
				STAMPS									
City			State	Zip Code	Check Number								
CANAL WINCHESTER			OH	43110	1091								