

Ohio Campaign Finance Report

FILED

Prescribed by Secretary of State 3/05

10 JUN -8 PM 4:36

Full Name of Committee Safety First		Registration Number, if PAC FRANKLIN COUNTY BOARD OF ELECTIONS	
Full Name of Candidate			
Street Address 853 London Groveport Rd		Office Sought	District
City Lockbourne		State OH	Zip Code 43207
Type of Report (place X to the left of report type)	Pre-Primary	<input checked="" type="checkbox"/> Post-Primary	Annual Year
	July Monthly	August Monthly	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	050410

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	\$	676	00
2. Total monetary contributions (From Form No. 31-A)	\$	0	00
3. Total other income (From Form No. 31-A-2)	\$	0	00
4. Total funds available (sum of lines 1, 2, 3)	\$	676	00
5. Total monetary expenditures (From Form No. 31-B)	\$	676	00
6. Balance on hand (line 4 minus line 5)	\$	0	00
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	0	00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0	00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	0	00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	0	00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0	00
12. Value of independent expenditures made (From Form No. 31-U)	\$	0	00
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.

Angela M. Nixon Print Name and Title (Treasurer and Deputy Treasurer only) Angela M. Nixon Signature 6/1/10 Date

Contribution pages 0

Expenditure pages 1

Other pages 4

Total pages 5

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Safety First</u>						
To Whom Paid <u>Kelly Printing</u>			M <u>04</u>	D <u>16</u>	Y <u>10</u>	Amount <u>178⁰⁰</u>
Address <u>1657 Victor Ave</u>		Purpose <u>Flyers</u>				
City <u>Obetz</u>	State <u>Ohio</u>	Zip Code <u>43207</u>	Check Number <u>994</u>			
To Whom Paid <u>Chris Hann</u>			M <u>05</u>	D <u>04</u>	Y <u>10</u>	Amount <u>130⁰⁰</u>
Address <u>4600 Lockbourne Rd</u>		Purpose <u>refund of contribution</u>				
City <u>Columbus</u>	State <u>Ohio</u>	Zip Code <u>43207</u>	Check Number <u>Cash</u>			
To Whom Paid <u>Chuckie Abrams</u>			M <u>05</u>	D <u>01</u>	Y <u>10</u>	Amount <u>170⁰⁰</u>
Address <u>unknown</u>		Purpose <u>Delivery of Flyer</u>				
City	State	Zip Code	Check Number <u>Cash</u>			
To Whom Paid <u>Hamilton Twp Board of Trustees</u>			M	D	Y	Amount <u>88⁰⁰</u>
Address <u>6400 Lockbourne Rd</u>		Purpose <u>Donation of excess funds</u>				
City <u>Columbus</u>	State <u>Ohio</u>	Zip Code <u>43207</u>	Check Number <u>Cash</u>			
To Whom Paid <u>Kroger</u>			M	D	Y	Amount <u>110⁰⁰</u>
Address <u>3637 S. High</u>		Purpose <u>Food for Celebration Party</u>				
City <u>Columbus</u>	State <u>Ohio</u>	Zip Code <u>43207</u>	Check Number <u>Cash</u>			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State	Zip Code	Check Number			