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# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY  
BOARD OF 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 checked="" type="checkbox"/> 2010 Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General	Annual Year				
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	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		M <b>05</b>	D <b>04</b>	Y <b>10</b>	

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 at 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	\$ <u>          </u>
2. Total monetary contributions (From Form No. 31-A)	\$ <u>4995</u>
3. Total other income (From Form No. 31-A-2)	\$
4. Total funds available (sum of lines 1, 2, 3)	\$ <u>4995</u> <del>0.00</del>
5. Total monetary expenditures (From Form No. 31-B)	\$ <u>4990</u>
6. Balance on hand (line 4 minus line 5)	\$ <u>5</u> <sup>00</sup> <del>0.00</del>
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, Treasurer**  
Print Name and Title (Treasurer and Deputy Treasurer only)

*Jim Hummel*  
Signature

**4/22/10**  
Date

Contribution pages 4

Expenditure pages 1

Other pages           

Total pages 0

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Safe Neighborhoods</b>							
Full Name of Contributor <b>McKee Door Sales</b>						Registration Number, if PAC	
Street Address <b>3025 Noc Bixby</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>04</b>	D <b>09</b>	Y <b>10</b>	Amount <b>100</b>
Full Name of Contributor <b>Bepler Insurance</b>							
Street Address <b>3246 Noc Bixby</b>						Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43232</b>	M <b>04</b>	D <b>14</b>	Y <b>10</b>	Amount <b>100</b>
Full Name of Contributor <b>Susan Brobst</b>							
Street Address <b>5151 Berger Rd</b>						Form (Cash, Check, etc.) <b>Check</b>	
City <b>Groveport</b>		State <b>OH</b>	Zip Code <b>43125</b>	M <b>04</b>	D <b>14</b>	Y <b>10</b>	Amount <b>100</b>
Full Name of Contributor <b>Elizabeth Allen</b>							
Street Address <b>6938 Willow Bloom</b>						Form (Cash, Check, etc.) <b>Check</b>	
City <b>Canal Winchester</b>		State <b>OH</b>	Zip Code <b>43110</b>	M <b>01</b>	D <b>27</b>	Y <b>10</b>	Amount <b>60</b>
Full Name of Contributor <b>Tim Johnson</b>							
Street Address <b>3796 Stonestrow Ct</b>						Form (Cash, Check, etc.) <b>Check</b>	
City <b>Hilliard</b>		State <b>OH</b>	Zip Code <b>43026</b>	M <b>01</b>	D <b>20</b>	Y <b>10</b>	Amount <b>200</b>
Full Name of Contributor <b>Gene Warner</b>							
Street Address <b>4503 Gerling Dr</b>						Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43232</b>	M <b>01</b>	D <b>27</b>	Y <b>10</b>	Amount <b>100</b>
Full Name of Contributor <b>James Colasure</b>							
Street Address <b>11449 Woodbridge Ln</b>						Form (Cash, Check, etc.) <b>Check</b>	
City <b>Baltimore</b>		State <b>OH</b>	Zip Code <b>43105</b>	M <b>01</b>	D <b>27</b>	Y <b>10</b>	Amount <b>200</b>
Full Name of Contributor <b>Edward Dildine</b>							
Street Address <b>4495 Katherine Dr</b>						Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43232</b>	M <b>01</b>	D <b>22</b>	Y <b>10</b>	Amount <b>100</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 appear. [R.C. 3517.10(B)(4)]

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Safe Neighborhoods</b>							
Full Name of Contributor <b>Kenneth Ruhn</b>						Registration Number, if PAC	
Street Address <b>1486 Kingston Pike</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Circleville</b>		State <b>OH</b>	Zip Code <b>43113</b>	M <b>01</b>	D <b>28</b>	Y <b>10</b>	Amount <b>100<sup>-</sup></b>
Full Name of Contributor <b>E. P. Ferris &amp; Associates</b>						Registration Number, if PAC	
Street Address <b>880 King Ave</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43212</b>	M <b>01</b>	D <b>22</b>	Y <b>10</b>	Amount <b>100<sup>-</sup></b>
Full Name of Contributor <b>Dale Bryan</b>						Registration Number, if PAC	
Street Address <b>2190 Amanda Northern Rd</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Amanda</b>		State <b>OH</b>	Zip Code <b>43102</b>	M <b>02</b>	D <b>10</b>	Y <b>10</b>	Amount <b>100<sup>-</sup></b>
Full Name of Contributor <b>Michael Ratliff</b>						Registration Number, if PAC	
Street Address <b>301 Pearl Lane</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Pickerington</b>		State <b>OH</b>	Zip Code <b>43147</b>	M <b>02</b>	D <b>03</b>	Y <b>10</b>	Amount <b>200<sup>-</sup></b>
Full Name of Contributor <b>Victor Boyd</b>						Registration Number, if PAC	
Street Address <b>60 Thomas Christopher Ln</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Pataskala</b>		State <b>OH</b>	Zip Code <b>43062</b>	M <b>02</b>	D <b>04</b>	Y <b>10</b>	Amount <b>150<sup>-</sup></b>
Full Name of Contributor <b>Terri Sizemore</b>						Registration Number, if PAC	
Street Address <b>440 Grove 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>02</b>	D <b>04</b>	Y <b>10</b>	Amount <b>100<sup>-</sup></b>
Full Name of Contributor <b>Thomas Schleppe</b>						Registration Number, if PAC	
Street Address <b>4140 St. Rt. 674</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Circleville</b>		State <b>OH</b>	Zip Code <b>43113</b>	M <b>02</b>	D <b>28</b>	Y <b>10</b>	Amount <b>150<sup>-</sup></b>
Full Name of Contributor <b>Barbara Adams</b>						Registration Number, if PAC	
Street Address <b>16575 Lakeview Circle</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>03</b>	D <b>17</b>	Y <b>10</b>	Amount <b>200<sup>-</sup></b>

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Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Safe Neighborhoods</b>							
Full Name of Contributor <b>Crabbe, Brown, James</b>						Registration Number, if PAC	
Street Address <b>500 South Front St 100</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>01</b>	D <b>21</b>	Y <b>10</b>	Amount <b>500<sup>-</sup></b>
Full Name of Contributor <b>Brian Beach</b>						Registration Number, if PAC	
Street Address <b>49 Apple Blossom Rd</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Pataaskala</b>		State <b>OH</b>	Zip Code <b>43062</b>	M <b>02</b>	D <b>05</b>	Y <b>10</b>	Amount <b>100<sup>-</sup></b>
Full Name of Contributor <b>Donna Hamler</b>						Registration Number, if PAC	
Street Address <b>10200 Fairway Lane</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>02</b>	D <b>03</b>	Y <b>10</b>	Amount <b>25<sup>-</sup></b>
Full Name of Contributor <b>Victor Painsi</b>						Registration Number, if PAC	
Street Address <b>7521 Burgstrasser Ct</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>04</b>	D <b>02</b>	Y <b>10</b>	Amount <b>500<sup>-</sup></b>
Full Name of Contributor <b>Keith Mallory</b>						Registration Number, if PAC	
Street Address <b>3649 Bracknell Forest</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>03</b>	D <b>25</b>	Y <b>10</b>	Amount <b>150<sup>-</sup></b>
Full Name of Contributor <b>Timothy Johnson</b>						Registration Number, if PAC	
Street Address <b>3796 Stonestrow Ct</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Hilliard</b>		State <b>OH</b>	Zip Code <b>43026</b>	M <b>04</b>	D <b>07</b>	Y <b>10</b>	Amount <b>100<sup>-</sup></b>
Full Name of Contributor <b>James Glasure</b>						Registration Number, if PAC	
Street Address <b>11449 Woodbridg Ln</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Baltimore</b>		State <b>OH</b>	Zip Code <b>43105</b>	M <b>04</b>	D <b>07</b>	Y <b>10</b>	Amount <b>200<sup>-</sup></b>
Full Name of Contributor <b>M. G. Abbott</b>						Registration Number, if PAC	
Street Address <b>5207 Ebright 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>04</b>	D <b>12</b>	Y <b>10</b>	Amount <b>100<sup>-</sup></b>

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# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <i>Safe Neighborhoods</i>							
Full Name of Contributor <i>Brian Schwotzer</i>						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Cash</i>	
City	State	Zip Code	M	D	Y	Amount <i>100</i>	
			<i>02</i>	<i>17</i>	<i>10</i>		
Full Name of Contributor <i>Corey Ryan</i>						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Cash</i>	
City	State	Zip Code	M	D	Y	Amount <i>200-</i>	
			<i>04</i>	<i>08</i>	<i>10</i>		
Full Name of Contributor <i>Cliff Mason</i>						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Cash</i>	
City	State	Zip Code	M	D	Y	Amount <i>100-</i>	
			<i>02</i>	<i>08</i>	<i>10</i>		
Full Name of Contributor <i>John Jones</i>						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Cash</i>	
City	State	Zip Code	M	D	Y	Amount <i>100</i>	
			<i>02</i>	<i>08</i>	<i>10</i>		
Full Name of Contributor <i>Ken Braden</i>						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Cash</i>	
City	State	Zip Code	M	D	Y	Amount <i>400-</i>	
			<i>02</i>	<i>08</i>	<i>10</i>		
Full Name of Contributor <i>James Dean</i>						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Cash</i>	
City	State	Zip Code	M	D	Y	Amount <i>200-</i>	
			<i>02</i>	<i>09</i>	<i>10</i>		
Full Name of Contributor <i>Zandy Bates</i>						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Cash</i>	
City	State	Zip Code	M	D	Y	Amount <i>60-</i>	
			<i>04</i>	<i>14</i>	<i>10</i>		
Full Name of Contributor <i>Jim Hummel</i>						Registration Number, if PAC	
Street Address <i>5501 Bachman Rd</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Cash</i>	
City <i>Canal Winchester</i>	State <i>OH</i>	Zip Code <i>43110</i>	M	D	Y	Amount <i>100-</i>	
			<i>04</i>	<i>14</i>	<i>10</i>		

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# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Safe Neighborhoods</u>									
To Whom Paid <u>SBR Strategy</u>						M	D	Y	Amount
						<u>02</u>	<u>24</u>	<u>10</u>	<u>2800<sup>-</sup></u>
Address <u>6582 Hemmingford CT</u>				Purpose <u>Polling Services</u>					
City <u>Canal Winchester</u>		State <u>OH</u>	Zip Code <u>43110</u>	Check Number <u>1001</u>					
To Whom Paid <u>Communications Counsel</u>						M	D	Y	Amount
						<u>03</u>	<u>12</u>	<u>10</u>	<u>1756</u>
Address <u>37 West Broad Ste 325</u>				Purpose <u>Consulting Services</u>					
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43215</u>	Check Number <u>1002</u>					
To Whom Paid <u>Postmaster</u>						M	D	Y	Amount
						<u>04</u>	<u>03</u>	<u>10</u>	<u>88<sup>00</sup></u>
Address				Purpose <u>Stamps</u>					
City		State	Zip Code	Check Number <u>1003</u>					
To Whom Paid <u>Postmaster</u>						M	D	Y	Amount
						<u>04</u>	<u>05</u>	<u>10</u>	<u>176<sup>-</sup></u>
Address				Purpose <u>Stamps</u>					
City		State	Zip Code	Check Number <u>1004</u>					
To Whom Paid <u>Postmaster</u>						M	D	Y	Amount
						<u>04</u>	<u>07</u>	<u>10</u>	<u>176<sup>-</sup></u>
Address				Purpose <u>Stamps</u>					
City		State	Zip Code	Check Number <u>1005</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					