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# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

10 APR 22 PM 4:15

Full Name of Committee <b>Safety First</b>						Registration Number, if PAC FRANKLIN COUNTY BOARD OF ELECTIONS					
Full Name of Candidate											
Street Address <b>853 London Graveport Rd</b>						Office Sought			District		
City <b>Lackbourne Rd</b>						State <b>OH</b>		Zip Code <b>43137</b>			
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/>	Pre-Primary	<input 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			<b>0</b> <sup>M</sup>	<b>5</b> <sup>D</sup>	<b>0</b> <sup>Y</sup>

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	\$	0	00
2. Total monetary contributions (From Form No. 31-A)	\$	1365	00
3. Total other income (From Form No. 31-A-2)	\$	0	00
4. Total funds available (sum of lines 1, 2, 3)	\$	1365	<del>00</del> 00
5. Total monetary expenditures (From Form No. 31-B)	\$	689	00
6. Balance on hand (line 4 minus line 5)	\$	676	00
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	712	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)	\$	6	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 Treasurer  
Print Name and Title (Treasurer and Deputy Treasurer only)

Angela M. Nixon  
Signature

04/21/10  
~~00/00/0000~~  
Date

Contribution pages 3

Expenditure pages 1

Other pages 1

Total pages 5

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Safety First</b>						
Full Name of Contributor <b>Shannon Bush</b>					Registration Number, if PAC	
Street Address <b>500 Rathmell Rd</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Cash</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43207</b>		M <b>03</b>	D <b>04</b>	Y <b>10</b>
				Amount <b>35<sup>00</sup></b>		
Full Name of Contributor <b>Bonnie Wiley</b>						
Street Address <b>4277 Orchard Lane</b>					Registration Number, if PAC	
Street Address <b>4277 Orchard Lane</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Cash</b>	
City <b>Obetz</b>	State <b>OH</b>	Zip Code <b>43207</b>		M <b>03</b>	D <b>11</b>	Y <b>00</b>
				Amount <b>10<sup>00</sup></b>		
Full Name of Contributor <b>McDonald's</b>						
Street Address <b>Groveport Pike</b>					Registration Number, if PAC	
Street Address <b>Groveport Pike</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Cash</b>	
City <b>Obetz</b>	State <b>OH</b>	Zip Code <b>43207</b>		M <b>03</b>	D <b>08</b>	Y <b>10</b>
				Amount <b>25<sup>00</sup></b>		
Full Name of Contributor <b>Obetz Hardware</b>						
Street Address <b>4256 Groveport Pike</b>					Registration Number, if PAC	
Street Address <b>4256 Groveport Pike</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Obetz</b>	State <b>OH</b>	Zip Code <b>43207</b>		M <b>03</b>	D <b>08</b>	Y <b>10</b>
				Amount <b>20<sup>00</sup></b>		
Full Name of Contributor <b>Masons Sand &amp; Gravel</b>						
Street Address <b>2385 Rathmell Rd</b>					Registration Number, if PAC	
Street Address <b>2385 Rathmell Rd</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Obetz</b>	State <b>OH</b>	Zip Code <b>43207</b>		M <b>03</b>	D <b>08</b>	Y <b>10</b>
				Amount <b>25<sup>00</sup></b>		
Full Name of Contributor <b>K+M Market</b>						
Street Address <b>4305 Lancaster Ave</b>					Registration Number, if PAC	
Street Address <b>4305 Lancaster Ave</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Cash</b>	
City <b>Obetz</b>	State <b>OH</b>	Zip Code <b>43207</b>		M <b>03</b>	D <b>20</b>	Y <b>10</b>
				Amount <b>100<sup>00</sup></b>		
Full Name of Contributor <b>Frank Harmoh</b>						
Street Address <b>8120 Corporate Blvd</b>					Registration Number, if PAC	
Street Address <b>8120 Corporate Blvd</b>			Employer/Occupation/Labor Organization* <b>Insurance</b>		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Plain City</b>	State <b>OH</b>	Zip Code <b>43064</b>		M <b>03</b>	D <b>18</b>	Y <b>10</b>
				Amount <b>200<sup>00</sup></b>		
Full Name of Contributor <b>Wiseman Dance Studio</b>						
Street Address <b>4550 Lockbourne Rd</b>					Registration Number, if PAC	
Street Address <b>4550 Lockbourne Rd</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Cash</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43207</b>		M <b>03</b>	D <b>11</b>	Y <b>10</b>
				Amount <b>20<sup>00</sup></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)]

Page Total ~~\$0.00~~ **\$435.00**

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Safety First</b>						
Full Name of Contributor <b>Donald Brasius</b>					Registration Number, if PAC	
Street Address <b>2481 Sherwood Rd</b>			Employer/Occupation/Labor Organization* <b>Lawyer</b>		Form (Cash, Check, etc.) <b>Cash</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43209</b>	M <b>03</b>	D <b>16</b>	Y <b>10</b>	Amount <b>100<sup>00</sup></b>
Full Name of Contributor <b>Scott, Scriven &amp; Wahoff, LLP</b>						
Street Address <b>50 W. Broad St</b>					Registration Number, if PAC	
Street Address <b>50 W. Broad St</b>			Employer/Occupation/Labor Organization* <b>Lawyer</b>		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	M <b>03</b>	D <b>31</b>	Y <b>10</b>	Amount <b>500<sup>00</sup></b>
Full Name of Contributor <b>Chris Hamm</b>						
Street Address <b>4600 Lockbourne Rd</b>					Registration Number, if PAC	
Street Address <b>4600 Lockbourne Rd</b>			Employer/Occupation/Labor Organization* <b>Trustee / Farmer</b>		Form (Cash, Check, etc.) <b>Cash</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43207</b>	M <b>03</b>	D <b>20</b>	Y <b>10</b>	Amount <b>230<sup>00</sup></b>
Full Name of Contributor <b>Lombardi's Dairy</b>						
Street Address <b>6251 South High St</b>					Registration Number, if PAC	
Street Address <b>6251 South High St</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Cash</b>	
City <b>Lockbourne</b>	State <b>OH</b>	Zip Code <b>43137</b>	M <b>03</b>	D <b>26</b>	Y <b>10</b>	Amount <b>50<sup>00</sup></b>
Full Name of Contributor <b>Storage King</b>						
Street Address <b>4552 Lockbourne Rd</b>					Registration Number, if PAC	
Street Address <b>4552 Lockbourne Rd</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43207</b>	M <b>03</b>	D <b>27</b>	Y <b>10</b>	Amount <b>50<sup>00</sup></b>
Full Name of Contributor						
Street Address					Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State <b>OH</b>	Zip Code	M	D	Y	Amount
Full Name of Contributor						
Street Address					Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State <b>OH</b>	Zip Code	M	D	Y	Amount
Full Name of Contributor						
Street Address					Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State <b>OH</b>	Zip Code	M	D	Y	Amount

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# In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full				
Full Name of Contributor <b>National Lime + Stone</b>		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address <b>5911 Lockbourne Rd</b>		Description of Item or Service <b>Yard sign stakes</b>		M   D   Y   Fair Market Value <b>04   08   10   112.50</b>
City <b>Lockbourne</b>		State <b>OH</b>	Zip Code <b>43207</b>	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor <b>National Lime + Stone</b>		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address <b>5911 Lockbourne Rd</b>		Description of Item or Service <b>Yard Signs</b>		M   D   Y   Fair Market Value <b>04   08   10   499.50</b>
City <b>Lockbourne Rd</b>		State <b>OH</b>	Zip Code <b>43207</b>	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor <b>Ultra Prints</b>		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address <b>4870 Lockbourne Rd</b>		Description of Item or Service <b>Yard Signs</b>		M   D   Y   Fair Market Value <b>04   08   10   100.00</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43207</b>	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO

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# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Safety First</b>									
To Whom Paid <b>kelly Printing</b>						M	D	Y	Amount
Address <b>1657 Victor Ave</b>						Purpose <b>Flyers</b>			
City <b>Obetz</b>						State <b>OH</b>	Zip Code <b>43207</b>	Check Number <b>992</b>	
To Whom Paid <b>kelly Printing</b>						M	D	Y	Amount
Address <b>1657 Victor Ave</b>						Purpose <b>Flyers</b>			
City <b>Obetz</b>						State <b>OH</b>	Zip Code <b>43207</b>	Check Number <b>993</b>	
To Whom Paid <b>Group of 7 boys</b>						M	D	Y	Amount
Address <b>misc locations within twp</b>						Purpose <b>Delivery of Flyers</b>			
City <b>Columbus</b>						State <b>OH</b>	Zip Code <b>43207</b>	Check Number <b>Cash</b>	<b>355<sup>00</sup></b>
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State <b>OH</b>	Zip Code	Check Number	
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State <b>OH</b>	Zip Code	Check Number	
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State <b>OH</b>	Zip Code	Check Number	
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State <b>OH</b>	Zip Code	Check Number	

**689.00**  
Page Total **\$0.00**