

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Metro Parks													
Full Name of Contributor Jameson Crane, Jr. and Meredith M. Crane						Registration Number, if PAC							
Street Address 2299 Commonwealth Park South			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43209		M 0 2		D 1 9		Y 0 9		Amount \$250.00	
Full Name of Contributor David K. Mehrle and Annaliese F. Mehrle						Registration Number, if PAC							
Street Address 1754 Waltham Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Upper Arlington		State O H		Zip Code 43221		M 0 2		D 1 9		Y 0 9		Amount \$50.00	
Full Name of Contributor Hugh N. Westwater						Registration Number, if PAC							
Street Address 20 Sessions Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43209-1440		M 0 2		D 2 0		Y 0 9		Amount \$100.00	
Full Name of Contributor Grant Douglass and Susan Gerlach Douglass						Registration Number, if PAC							
Street Address 1115 Urlin Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43212		M 0 2		D 2 0		Y 0 9		Amount \$500.00	
Full Name of Contributor Don M. Casto, III and Ann H. Casto						Registration Number, if PAC							
Street Address 191 W. Nationwide Blvd., Suite 200			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43215-2568		M 0 2		D 2 0		Y 0 9		Amount \$250.00	
Full Name of Contributor Grange Insurance Companies						Registration Number, if PAC							
Street Address 650 South Front Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43206		M 0 2		D 0 2		Y 0 9		Amount \$5,000.00	
Full Name of Contributor Squire, Sanders & Dempsey LLP						Registration Number, if PAC							
Street Address 41 South High Street, 20th Floor			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43215		M 0 2		D 1 1		Y 0 9		Amount \$5,000.00	
Full Name of Contributor Celeste C. Williams and William S. Williams						Registration Number, if PAC							
Street Address 275 Stanbery Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Bexley		State O H		Zip Code 43209		M 0 2		D 1 8		Y 0 9		Amount \$100.00	

* 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)]

Page Total \$ 11,250.00