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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full		<del>ognozio</del> ni in constanti								
Friends of Metro Parks										
Full Name of Contributor						Registration Number, if PAC				
John N. Larrimer and Karen Larrimer										
Street Address	Employer	ion/Labor Organization*				Form (Cash, Check, etc.)				
6100 East Main Street, Suite 102							Check			
City	Stat	ie	Zip Code	М	D	Y	Amount			
Columbus	0	H	43213	0 2	2 3	0 9		\$1,500.00		
Full Name of Contributor Registration Number, if PAC										
Ann C. May and Thomas J. May, Sr.										
Street Address	Employer	8			Form (Cash, Check, etc.)					
867 Mission Hills Lane						Check				
City	Sta	te	Zip Code	М	D	Y	Amount			
Columbus	0	Н	43235	0 2	2 3	0 9		\$25.00		
Full Name of Contributor				Registrat	ion Numl	ber, if PA	С			
James P. Garland and Carol J. Andreae										
Street Address	Employer				Form (Cash,	Check, etc.)				
2486 Bexley Park Road					Check					
City	Sta		Zip Code	M	D	Y	Amount			
Bexley	0	Н	43209	0 2	2 3	0 9		\$1,000.00		
Full Name of Contributor		044000000000000000000000000000000000000		Registrat	ion Num	ber, if PA	С			
Loann W. Crane										
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)					
One Miranova Place, Suite 515								Check		
City	Sta		Zip Code	М	D	Y	Amount			
Columbus	0	Н	43215	0 2	2 3	0 9		\$500.00		
Full Name of Contributor Registration Number, if PAC										
Robert R. Bahnson										
Street Address	Employer				Form (Cash, Check, etc.)					
2635 Asbury Drive							Check			
City	Sta		Zip Code	М	D	Y	Amount			
Upper Arlington	0	H	43221-3607	0 2	2 3	0 9		\$100.00		
Full Name of Contributor	Registration Number, if PAC									
Dennison W. Griffith										
Street Address	Employer	tion/Labor Organization*				Form (Cash, Check, etc.)				
26 Eastmoor Blvd.							Checl	<		
City	Sta		Zip Code	M	D	Y	Amount			
Columbus	0	Н	43209-2014	0 2	2 3	0 9		\$100.00		
Full Name of Contributor						ber, if PA				
Nationwide Mutual Insurance Company										
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)		
One Nationwide Plaza					Check					
City	Sta		Zip Code	M	D	Y	Amount	h.a.c :		
Columbus	0	Н	43215-2220	0 2	all transmission in the contract of	0 9	A	\$10,000.00		
Full Name of Contributor Registration Number, if PAC										
Thomas E. Hoaglin and Ann S. Hoaglin										
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)				
43 Preston Road					Check					
City	Sta		Zip Code	М	D	Y	Amount	<b></b>		
Columbus	0	H	43209	0 2	2 3	0 9		\$1,000.00		

Page Total \$ 14,225.00

<sup>\*</sup> 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)]