Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Fi								
Friends for Westerville Parks						·		
Full Name of Contributor	Contributor			Registration Number, if PAC				
Street Address	Employer/Occu	_			Form (Cash, Check, etc.)			
		1 	1	1 5	T			
City	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor		<u> </u>	Qogietr	ation Nu	mbor if (200		
	Titan Inc		rregisa	augni inui	nioer, ir r	AC		
Evans, Mechwart, Hambleton & Street Address		reations abor Organization*				Form (Cash,	Chack ata l	
	Employer/Occupation/Labor Organization*						Check, eac.)	
5500 New Albany Road	Ctata	7:- 0-4-	T M	T 5	ΙΥ	Check		
City	State	Zip Code		D	1	Amouni	E 000 00	
New Albany Full Name of Contributor	I O I H	43054	8			1	5,000.00	
			Regist	ation Nu	mber, ii i	AC		
Klamfoth, Inc	[Fleves(Oses					IS (C)	Charle at 1	
1	EmployenOccu	pation/Labor Organization*				Form (Cash,	Check, etc.)	
6630 Hill Rd City	Class	Tio Codo	T W	1-5	T-0	Check		
1 -	State N	Zip Code	M	D	Y	Amount	500 00	
Canal Winchester Full Name of Contributor	O H	43110		019		1	500.00	
			Registr	ation Nu	mber, ir i	PAC		
Korda Engineering Street Address	I#	and a first Constant					Ob 1 1	
	Employer/Occupation/Labor Organization*					Form (Cash,	Check, etc.)	
· 1650 Watermark Dr #200 City		T = ; 0.4.	1	1 6		Check		
l '	State	Zip Code	I M	D	Y	Amount	050.00	
Columbus Full Name of Contributor	I O I H	43215		111	1 4	1.0	250.00	
			Registr	ation Nu	mber, it i	PAC		
Leslie Fowler Street Address	IF1					Ic (O	Ob - do - do 1	
		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
126 S Parkview Ave		of Alum Creek	1 11	1 6	1 7	Check		
City	State	Zip Code	M	D	Y 1 4	Amount	150.00	
Columbus Full Name of Contributor	O H	43209	19				450.00	
			Registr	ation Nu	mber, ir i	AC		
Richard Lorenz Street Address	Ir110					Town (Cook	Oh I 1	
	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
2031 N Devon Rd	State	7:- 0-4-	1 44	1 0	1.0	Check		
1 '	State	Zip Code	M	D	Y	Amount	50.00	
Columbus Full Name of Contributor	10111	43212	8	2 9	114	34.0	50.00	
			Registr	ation Nu	mber, it i	AC		
Playworld systems Street Address	IEmployar/Oppy	ention I shor Orangization*				Form (Cash,	Charl aral	
	Employer/Occupation/Labor Organization*					1	Check, etc.)	
1000 Buffalo Road	State	Zip Code	3 14	T 6	Y	Check Amount		
1 *	PIA	,	М	D 12	F .		500.00	
Lewisburg Full Name of Contributor	PIA	17837	9 Begiete		114		500.00	
			negistr	ation Nu	ower, if t	- NU		
Douglas Fosselman	[Employed/O-	national abor Organization*	Ь			Form (Cash	Chack ata \	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
1260 Autum Park Ct	Chan	Tin Code	1 11	T &	1 0	Check		
City	State	Zip Code	M	D	Y 1 1	Amount	100.00	
Westerville	o h	43081	1 19	1 4	1 4	l	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	<u>\$</u>	6,850.00