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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full									
Friends of Metro Parks				In '		A (7.2 I	C		
Full Name of Contributor				Registra	tion Num	ber, if PA	C		
Jeff Cabot		-,_							
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)		
258 Winthrop Road							Credit Card		
City	St	ate	Zip Code	M	D	Y	Amount		
Columbus		Н	43214	$0 \mid 4$		0 9	\$100.00		
Full Name of Contributor Registration Number, if PAC									
Donald B. Shackelford and Thekla R. Shackelford									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
21 East State Street, Suite 1400							Check		
City	St	ate	Zip Code	M	D	Y	Amount		
Columbus	0	H	43215	0 4	0 7	0 9	\$250.00		
Full Name of Contributor			disentanti isina disentenda ana ana ana disentana a ana ana ana ana ana ana ana ana	ACCOMPANY MANAGEMENT OF THE COMP	ICAOOM OF TO PROPERTY OF THE PARTY	ber, if PA	C		
Patrick M. Grabill and Suzanne L. Grabill									
Street Address		r/Occupa	ition/Labor Organization*	E	***************************************	***************************************	Form (Cash, Check, etc.)		
182 South High Street	' '	•	•				Check		
City	St	ate	Zip Code	Тм	D	ΙΥ	Amount		
Dublin	0	Н	43017-1135	$0 \mid 4$		0 9	\$200.00		
Full Name of Contributor			1 40017-1100			ber, if PA			
Jeffrey W. Hutson				Rogistia	don radii	001, 11 1 7 1	C		
Street Address	Employe	r/Occupa	ition/Labor Organization*	_L			Form (Cash, Check, etc.)		
	Employe	1/Occupa	mon/Labor Organization						
Two Miranova Place, Suite 500	-		Iz: 0 1	1 1	1 5	1 17	Check		
City	I	ate H	Zip Code	M	D	Y	Amount		
Columbus	0	11	43215-5100	a har for a market and a second	0 8	THE RESERVE AND PARTY OF THE PERSON NAMED IN	\$50.00		
Full Name of Contributor Registration Number, if PAC									
Grange Insurance Companies									
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)		
650 South Front Street						_	Check		
City	St	ate	Zip Code	M	D	Y	Amount		
Columbus	0	Н	43206	0 4	0 8	0 9	\$2,500.00		
Full Name of Contributor				Registra	tion Num	ber, if PA	С		
Carrie Morrow									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
3328 Pebble Beach Road							Credit Card		
City	1	ate	Zip Code	M	D	Y	Amount		
Grove City	0	Н	43123	0 4	0 9	0 9	\$20.00		
Full Name of Contributor	enderen aranoumus	alahamaa muun				ber, if PA			
Stuart H. Wildman and Ann B. Wildman									
Street Address		r/Occupa	tion/Labor Organization*	Sermenia como neco	C. COMMONDIDADZBADADADA	COSTO ANNA DOS ANTONOS CONTRACAS.	Form (Cash, Check, etc.)		
83 East Broadway Street							Check		
City	St	ate	Zip Code	М	D	Y	Amount		
Westerville	0	Н	43081	0 4	1 .	0 9	\$200.00		
Full Name of Contributor		is a grant and a state of the s	10001	ONLY AS ASSESSMENT OF A SECURITY OF	THE PERSON NAMED IN COLUMN TWO	SPECIAL PROPERTY OF THE PARTY O	New York whose he had all the contribute all managements in the contribute of the co		
Full Name of Contributor Registration Number, if PAC Elizabeth A. Clark									
Street Address	Employe	r/Occups	tion/Labor Organization*	<u> </u>	***************************************		Form (Cash, Check, etc.)		
	Limpioye	., Occupa	and Daoor Organization				Credit Card		
229 Winthrop Road	C	ata	Zin Code	T M	ח	Y			
City Callana Inna	Sta	ate H	Zip Code	M	D	1 1	Amount		
Columbus		1.1	43214	$0 \mid 4$	1 1	0 9	\$50.00		

* 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 \$ 3,370.00