Page	17

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Friends of Metro Parks					ang a sa s			
Full Name of Contributor			Registra	tion Num	ber, if PA	С		
Steven G. Gabbe and Patricia T. Gabl	oe -							
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)		
297 Stanbery Avenue						Check		
City	State	Zip Code	М	D	Y	Amount		
Bexley	$O \mid H$	43209	0 4	1 1	0 9	\$100.00		
Full Name of Contributor			A MARKAN AS THE PARTY OF THE PARTY OF THE	tion Num	Commence and the state of the s	C		
Mark Skinner								
Street Address	Employer/Occup	ation/Labor Organization*		or commence of the second	v	Form (Cash, Check, etc.)		
31 Smith Place						Credit Card		
City	State	Zip Code	М	D	Y	Amount		
Columbus	$O \mid H$	43201	0 4	1 3	0 9	\$50.00		
Full Name of Contributor				The state of the s	THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE OWNE			
Full Name of Contributor M/I Homes Service, LLC								
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
1	Employen occup	ation/Dabor Organization				Check		
3 Easton Oval, Suite 500	State	Zip Code	I M	D	Y	Amount		
Calamalana	OH	43219	0 4	i .	0 9	\$5,000.00		
Columbus		43219	HEROMANIA SALVINGALINGA NIGARINGA NIGARAN	tion Num	NAME OF TAXABLE PARTY.			
Full Name of Contributor	Loren		Registra	mon rum	oci, ii i A			
Tracie L. Bourquin and Nathaniel K.		tion / along Opposition*				Form (Cash, Check, etc.)		
Street Address	Employer/Occup	ation/Labor Organization*						
5172 Gillette Avenue		Ta: a :	1 37	T =	1 37	Check		
City	State	Zip Code	M	D	Y	Amount		
Hilliard	0 H	43026	0 4	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	DESCRIPTION OF THE PERSON	\$35.00		
Full Name of Contributor			Registra	ation Num	iber, if PA	.C		
David C. Carr					warene and a second			
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
2623 Blue Spruce Circle						Credit Card		
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43231	$0 \mid 4$	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME	CAT NO MANUFACTURE OF MANUFACTURE OF	\$25.00		
Full Name of Contributor	iC .							
Dennis C. Oswald and Carol D. Oswald								
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
72 Nob Hill Drive North						Check		
City	State	Zip Code	М	D	Y	Amount		
Gahanna	OH	43230-2123	$0 \mid 4$	1 5	0 9	\$50.00		
Full Name of Contributor			Registra	ation Nun	ber, if PA	AC		
Google Payment Corp. (a/k/a Goog	le Checkout)							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
1600 Amphitheatre Parkway						Direct Deposit		
City	State	Zip Code	М	D	Y	Amount		
Mountain View	$C \mid A$	94043	0 1	2 8	0 9	\$0.95		
Full Name of Contributor			Registr	ation Nun		۸C		
PayPal, Inc.								
Street Address	Employer/Occur	ation/Labor Organization*				Form (Cash, Check, etc.)		
2211 North First Street		-				Direct Deposit		
City	State	Zip Code	М	D	Y	Amount		
San Jose	$C \mid A$	95131	0 3		0 9	\$0.28		
Dair Juse		1 / 2 - 2 -	1010	1010	1212			

Page Total \$ 5,261.23

^{*} 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)]