

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Metro Parks							
Full Name of Contributor Robert K. Larrimer and Mary A. Tarantino					Registration Number, if PAC		
Street Address 3020 South Dorchester Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 2	D 2 4	Y 0 9	Amount \$200.00	
Full Name of Contributor Charles F. Freiburger and Kathryn B. Freiburger					Registration Number, if PAC		
Street Address 2435 Lane Woods Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 2	D 2 4	Y 0 9	Amount \$250.00	
Full Name of Contributor Nancy J. Kingsley					Registration Number, if PAC		
Street Address 2361 Clifton Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexley	State O H	Zip Code 43209-1437	M 0 2	D 2 5	Y 0 9	Amount \$5,000.00	
Full Name of Contributor Herbert Glimcher and Diane Glimcher					Registration Number, if PAC		
Street Address 10 North Drexel Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 0 2	D 2 5	Y 0 9	Amount \$50.00	
Full Name of Contributor C. R. Kidder and M. G. Kidder					Registration Number, if PAC		
Street Address #6 Edge of Woods		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State O H	Zip Code 43054	M 0 2	D 2 5	Y 0 9	Amount \$500.00	
Full Name of Contributor M. S. Kornacker, Trustee					Registration Number, if PAC		
Street Address P. O. Box 218207		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221-8207	M 0 2	D 2 7	Y 0 9	Amount \$500.00	
Full Name of Contributor Linda Larrimer					Registration Number, if PAC		
Street Address 1755 Arlington Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 0 2	D 2 7	Y 0 9	Amount \$100.00	
Full Name of Contributor Baker & Hostetler LLP					Registration Number, if PAC		
Street Address 65 East State Street, Suite 2100		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 2	D 2 7	Y 0 9	Amount \$250.00	

* 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 \$ 6,850.00