Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				gan and a second a			
Name of Committee in Full Friends of Metro Parks							
Full Name of Contributor				Registration Number, if PAC			
	tino		regiona	con raniii	, 11 1 A	~	
Robert K. Larrimer and Mary A. Taran		ntion/Labor Organization*	<u> </u>	10-12003-1-1-1-1-1		Form (Cash, Check, etc.)	
Street Address	Employer/Occupa	mon/Labor Organization				Check	
3020 South Dorchester Road	<u> </u>	IZin Codo	Тм	D	Y	Amount	
City	State H	Zip Code 43221	$\begin{bmatrix} M \\ 0 \end{bmatrix} 2$	1		\$200.00	
Columbus	IOH	43221	NAME OF TAXABLE PARTY OF TAXABLE PARTY.	2 4			
Full Name of Contributor Registration Number, if PAC							
Charles F. Freiburger and Kathryn B. F	reiburger	/ 1 O				Form (Cash, Check, etc.)	
Street Address	Employer/Occupa	ntion/Labor Organization*				, , , , , , , , , , , , , , , , , , , ,	
2435 Lane Woods Drive			1	1 —		Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	$\mid O \mid H$	43221	0 2	The second secon	0 9	\$250.00	
ull Name of Contributor Registration Number, if PAC							
Nancy J. Kingsley				NAMES AND ADDRESS OF THE PARTY			
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)	
2361 Clifton Avenue					,	Check	
City	State	Zip Code	М	D	Y	Amount	
Bexley	0 H	43209-1437	0 2		0 9	\$5,000.00	
Full Name of Contributor			Registra	ition Num	ber, if PA	С	
Herbert Glimcher and Diane Glimcher							
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)	
10 North Drexel Avenue						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	$O \mid H$	43209	0 2	2 5	0 9	\$50.00	
Full Name of Contributor	***************************************		Registra	tion Num	ber, if PA	C	
C. R. Kidder and M. G. Kidder							
Street Address	Employer/Occupa	ation/Labor Organization*	- E	THE RESIDENCE OF THE PARTY OF T	***************************************	Form (Cash, Check, etc.)	
#6 Edge of Woods						Check	
City	State	Zip Code	М	D	Y	Amount	
New Albany	$O \mid H$	43054	0 2	2 5	0 9	\$500.00	
Full Name of Contributor				ation Num			
M. S. Kornacker, Trustee							
Street Address	Employer/Occup	ation/Labor Organization*		···		Form (Cash, Check, etc.)	
P. O. Box 218207		_				Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43221-8207	1012	2 7	0 9	\$500.00	
Full Name of Contributor			Registra	ation Num	ber, if PA	C.	
Linda Larrimer							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
1755 Arlington Avenue	2					Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43212	$\begin{vmatrix} 1 & 1 \\ 0 & 2 \end{vmatrix}$	1 .	1 .	\$100.00	
Full Name of Contributor		TULIL					
Baker & Hostetler LLP	TEmployer/Occur	ation/Labor Organization*			***************************************	Form (Cash, Check, etc.)	
Street Address	Employer/Occupation/Labor Organization*			Check			
65 East State Street, Suite 2100	C4.4.	Tin Codo	1 14	D	Y	Amount	
City	State H	Zip Code	M	1 .	1 .	\$250.00	
Columbus	O H	43215	0 2	2 7	0 9	J 3230.00	

Page Total \$ 6,850.00

^{*} 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)]