Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Tall								grandys formágalfanára era yantjanny grandatanyong	
Name of Committee in Full Ewicands of Motro Borks									
Friends of Metro Parks									
Name of Contributor					Registration Number, if PAC				
Kenneth Ackerman	la i			<u> </u>					
Street Address	Employer/0	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
227 Preston Road					Cho				
City	State	H	Zip Code	M	D T	Y	Amount	¢100.00	
Columbus		1 I	43209	$0 \mid 4$		0 9		\$100.00	
Full Name of Contributor Registration Number, if PAC Patricia Hadler									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Cl	neck, etc.)	
2477 Southway Drive								Credit Card	
City	State	;	Zip Code	М	D	Y	Amount		
Columbus		H	43221	$0 \mid 4$	2 7	0 9		\$75.00	
Full Name of Contributor						Registration Number, if PAC			
George R. Bowers									
Street Address	Employer/0				Form (Cash, Cl	ieck, etc.)			
1960 Drew Avenue							Credit Card		
City	State	;	Zip Code	М	D	Y	Amount		
Columbus		Н	43235	$0 \mid 4$	2 7	0 9		\$100.00	
Full Name of Contributor		*****************		and the state of t	A PROPERTY OF THE PROPERTY OF	ber, if PA	С	Commence of the Commence of th	
J. Jeffrey McNealey									
Street Address	Employer/0	Form (Cash, Check, etc.)							
247 East Beck Street					Check				
City	State	;	Zip Code	М	D	Y	Amount		
Columbus	0	H	43206	$0 \mid 4$	2 7	0 9		\$250.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	С		
EMH&T									
Street Address	Employer/0	Оссира	ntion/Labor Organization*				Form (Cash, Cl	ieck, etc.)	
5500 New Albany Road							Check		
City	State		Zip Code	М	D	Y	Amount		
New Albany	0	Н	443054	$0 \mid 4$	2 7	0 9	4	51,000.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	С		
Tom Katzenmeyer									
Street Address	Employer/0	ntion/Labor Organization*				Form (Cash, Check, etc.)			
1503 Runaway Bay Drive, Apt. 2B								Credit Card	
City	State		Zip Code	M	D	Y	Amount		
Columbus	0	П	43204			0 9		\$250.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	С		
White Castle System, Inc.									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Cl Check	ieck, etc.)	
555 West Goodale Street									
City	State		Zip Code	М	D	Y	Amount		
Columbus	0	H	43215	$0 \mid 4$			Secretaria de la constitución de	62 <i>,</i> 500.00	
Full Name of Contributor Registration Number, if PAC Registration Number, if PAC									
Robert W. McAdams and Robin C. Mo					saginganin kalingani ya	***************************************	n /c ·		
Street Address	Employer/C	эссира	tion/Labor Organization*				Form (Cash, Ch	eck, etc.)	
1951 Belgrave	2:		Tr. 0.1	- 	T 5	, , , , , , , , , , , , , , , , , , ,	Check		
City	State		Zip Code	M	D	Y	Amount	ተ ለበር ላር	
Columbus		H	43230-3023	0 4	2 8	0 9		\$200.00	

Page Total \$ 4,475.00

^{*} 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)]