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Pag	e <u>1</u>

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full					Statement of the Statem			
Friends of Metro Parks								
					oer, if PA	C		
The Huntington National Bank			ar-piotidi		, ** * FY			
Street Address	Employer/Occups	ntion/Labor Organization*				Form (Cash, Check, etc.)		
	Lp.royer/Occupa					Check		
41 South High Street	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43215	$\begin{bmatrix} M \\ 0 \end{bmatrix} 1$	0 2	0 9	\$10,000.00		
Columbus		1 0410	······································			Language and the control of the cont		
Full Name of Contributor Registration Number, if PAC								
Robert H. Jeffrey	Employação.	tion/Labor Organization*		payabaan galahan kanan kanan	ouro consumente mentre	Form (Cash, Check, etc.)		
Street Address	Employer/Occupation/Labor Organization*							
296 Ashbourne Place		17in Co. 1-	1 >, -			Check		
City	State	Zip Code	M	D	Y	Amount \$4,000,00		
Bexley	$O \mid H$	43209	0 1		0 9	\$4,000.00		
Full Name of Contributor	Registration Number, if					C		
The Jeffrey Company	T					In the second		
Street Address	Employer/Occupa				Form (Cash, Check, etc.)			
88 East Broad Street, Suite 1400		-			<u> </u>	Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43215	0 1	CHICAGO CONTRACTOR IN	0 9	\$7,500.00		
Full Name of Contributor		ATTO COLUMN AS COMPANION OF THE PROPERTY OF TH	Registrat	tion Numl	ber, if PA	C		
The New Albany Company LLC								
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)		
8000 Walton Parway, Suite 120			Check					
City	State	Zip Code	М	D	Y	Amount		
New Albany	OH	43054	0 2	0 9	0 9	\$10,000.00		
Full Name of Contributor		<u> </u>	The second secon	tion Num	Competition to the contract of	A Change and the same and the s		
Mr. and Mrs. John Galbreath, III								
Street Address	Employer/Occupa	ation/Labor Organization*		<u> </u>		Form (Cash, Check, etc.)		
5 Holly Leaf Court	' '	-				Check		
City	State	Zip Code	M	D	Y	Amount		
Bethesda	$M \mid D$	20817	0 2		1			
Full Name of Contributor	1 -71			SECRETARIA DE PROPERTO DE LA CONTRACTORIO DELIGIO DE LA CONTRACTORIO DE LA CONTRACTORIO DE LA CONTRACTORIO D	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	Experience of the contract of		
Burgess & Niple Street Address	Employer/Occups	ation/Labor Organization*				Form (Cash, Check, etc.)		
5085 Reed Road					Check			
City	State	Zip Code	М	D	Y	Amount		
l ·	OH	43220	1	1 0		3		
Columbus Evil Name of Contributor		I TUZZU		I I ∣ U tion Num				
Full Name of Contributor Dovid H. Conovritz and Judith I. Cano	1847i+17		registia.	TOU TANIU	оог, 11 ГА			
David H. Canowitz and Judith L. Cano	Form (Cash, Check, etc.)							
Street Address	Employer/Occupa							
5849 Effingham Road	<u> </u>	T7: C 1	7.7	_ <u> </u>	1 17	Check		
City	State	Zip Code	M	D	Y	Amount ¢20.00		
Columbus	OH	43213	0 2	1 5	0 9			
Full Name of Contributor Registration Number, if PAC								
Anthony J. Knapke and Debra L. Knapke								
Street Address	Employer/Occupa	_	Form (Cash, Check, etc.)					
873 Clover Drive					····	Check		
City	State	Zip Code	M	D	Y	Amount		
Columbus	O H	43235-3409	0 2	1 6	0 9	\$50.00		

Page Total \$ 39,070.00

^{*} 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)]