

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends for Westerville Parks												
Full Name of Contributor						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)					
City			State		Zip Code		M	D	Y	Amount		
Full Name of Contributor Evans, Mechwart, Hambleton & Titon, Inc						Registration Number, if PAC						
Street Address 5500 New Albany Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City New Albany			State O H		Zip Code 43054		18	2	3	1	4	5,000.00
Full Name of Contributor Klamfoth, Inc						Registration Number, if PAC						
Street Address 6630 Hill Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Canal Winchester			State O H		Zip Code 43110		18	0	9	1	4	500.00
Full Name of Contributor Korda Engineering						Registration Number, if PAC						
Street Address 1650 Watermark Dr #200			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus			State O H		Zip Code 43215		18	1	1	1	4	250.00
Full Name of Contributor Leslie Fowler						Registration Number, if PAC						
Street Address 126 S Parkview Ave			Employer/Occupation/Labor Organization* Friends of Alum Creek				Form (Cash, Check, etc.) Check					
City Columbus			State O H		Zip Code 43209		19	1	4	1	4	450.00
Full Name of Contributor Richard Lorenz						Registration Number, if PAC						
Street Address 2031 N Devon Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus			State O H		Zip Code 43212		8	2	9	1	4	50.00
Full Name of Contributor Playworld systems						Registration Number, if PAC						
Street Address 1000 Buffalo Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Lewisburg			State P A		Zip Code 17837		9	1	3	1	4	500.00
Full Name of Contributor Douglas Fosselman						Registration Number, if PAC						
Street Address 1260 Autum Park Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Westerville			State o h		Zip Code 43081		19	1	4	1	4	100.00

* 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