Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Friends for Westerville Parks			<u> </u>	Danis	tion Nu-	ber, if PA	<u> </u>	
Full Name of Contributor				Kegisua	ulou ivan	<i>1</i> 00.		
Baker Hostetlers LLP	Tr . :-		to an about the contract of	Ц_			Form (Cash, Ct	well etc \
Street Address	Employer/Or	ccupat	tion/Labor Organization*					rus, cic.)
1900 E 9th suite 300				Т	1 E	1	Check	
City	State		Zip Code	M	D	Y	Amount	1 000 00
Cleveland	0	H.	44114	9		1 4		1,000.00
Full Name of Contributor				Registra	tion Nun	nber, if PA	iC.	
Howard Baum							In (0 i or	
Street Address	Employer/O	ccupai	tion/Labor Organization*				Form (Cash, Cl	heck, etc.)
28 Keethler Drive North							ACH	
City	State		Zip Code	М	D	Y	Amount	
Wersterville	0	h	43081	9		<u> </u>		50.00
Full Name of Contributor				Registr	ation Nur	nber, if PA	vC	i
Randy Auler								
Street Address	Employer/O	ccupa	tion/Labor Organization*				Form (Cash, C	heck, etc.)
1616 Woodglen Rd							Check	
City	State		Zip Code	М	D	Y	Amount	
Westerville	0 1	h	43081	9	115	1 4		100.00
Full Name of Contributor				Registr	ation Nu	nber, if P/	/C	
Michael Heveck								
Street Address	Employer/O	ccupa	tion/Labor Organization*				Form (Cash, C	heck, etc.)
113 Ormsbee Ave		•	-				Check	
City	State		Zip Code	М	D	Y	Amount	
Westerville	0	h	43081	9	1 18	1 4		100.00
Full Name of Contributor	1. 0 1		10001			nber, if P		
				1				
Lawerence Jenkins Street Address	Employer/O	ecuna	ation/Labor Organization*				Form (Cash, C	heck, etc.)
							Check	
58 W College Ave	State		Zip Code	М	D	Y	Amount	
City	- I - 1	h	43081	1 19				100.00
Westerville	0 1		40001		_	mber, if P		100.00
Full Name of Contributor				1				
Michael Hooper	Employer#		ation/ abor Organization*				Form (Cash, C	heck, etc.)
Street Address	Employer/Occupation/Labor Organization*						Check	,
2452 Mecca Rd			Tin Code	М	D	Y	Amount	
City	State		Zip Code			5 1 4		100.00
Westerville	0	h	43081	Danier	7 I I i	mber, if P.	AC	100.00
Full Name of Contributor				vesign	CONTRACT 140			
Kathy Cocuzzi			// 0 has One // //*				Form (Cash, C	Theck etc.)
Street Address	Employer/Occupation/Labor Organization*					•		
1025 Bluesail Dr			Ta: out	1 14	1 2	Ιν	Check	
City	State	_	Zip Code	M,		1 Y	1	100.00
Westerville	0	h	43081		9 1 1			100.00
Full Name of Contributor				Regist	ration Nu	mber, if P	AC	
Jenifer French				<u> </u>			Ir (C-1 (Theate are \
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
961 Woodsedge Dr			<u>,</u>				Check	
City	State		Zip Code	M	_ D	Y	Amount	100.00
Westerville	0	h	43081			9 1 4	name of the	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 S	1,650.00