

FOR PAPER FILING ONLY

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Friends For Westerville Parks										
Full Name of Contributor PROS Consulting						Registration Number, if PAC				
Street Address 201 S. Capital Ave			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)				
City Indianapolis			State OH IN		Zip Code 46225		M 04		D 19	
							Y 14		Amount 1,000.00	
Full Name of Contributor Westerville Senior Association Inc						Registration Number, if PAC				
Street Address 764 Collingwood Dr			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) check				
City Westerville			State OH		Zip Code 43081		M 07		D 29	
							Y 14		Amount 5,000.00	
Full Name of Contributor Nationwide Children's Hospital						Registration Number, if PAC				
Street Address 700 Children's Drive			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) check				
City Columbus			State OH		Zip Code 43205		M 06		D 06	
							Y 14		Amount 5,000.00	
Full Name of Contributor POD, LLC						Registration Number, if PAC				
Street Address 100 Northwoods Blvd			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)				
City Columbus			State OH		Zip Code 43235		M 07		D 31	
							Y 14		Amount 3,000.00	
Full Name of Contributor Williams Associates Architects, Ltd						Registration Number, if PAC				
Street Address 500 Park Blvd			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) check				
City Itasca			State IL		Zip Code 60143		M 06		D 28	
							Y 14		Amount 1,000.00	
Full Name of Contributor Meyer + Associates Architecture						Registration Number, if PAC				
Street Address 232 N. 3rd St #500			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) check				
City Columbus			State OH		Zip Code 43215		M 04		D 26	
							Y 14		Amount 5,000.00	
Full Name of Contributor Westerville Amateur Soccer Association						Registration Number, if PAC				
Street Address PO BOX 2484			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) check				
City Westerville			State OH		Zip Code 43086		M 04		D 16	
							Y 14		Amount 10,000.00	
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)				
City			State		Zip Code		M		D	
			OH						Y	
									Amount	

* 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 also appear. [R.C. 3517.10(B)(4)]

Page Total \$ 30,000