Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Friends of Metro Parks							
Full Name of Contributor				Registration Number, if PAC			
Battelle Memorial Institute							
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)	
505 King Avenue						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	$O \mid H$	43201-2693	0 4	2 9	0 9	\$5,000.00	
Full Name of Contributor			Annual Communication of the Control		ber, if PA	A CONTROL OF THE PROPERTY OF T	
Gary Palatas and Deborah Palatas							
Street Address	Employer/Occur	oation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)	
1568 Horton Place	Zimproyen o eea	,				Check	
City	State	Zip Code	М	D	Y	Amount	
•	тт	43228				\$100.00	
Columbus	ОН	43220	$0 \mid 4$	STATE OF THE PROPERTY OF THE P	NEW YORK PROPERTY AND ADDRESS OF	·	
Full Name of Contributor Registration Number, if PA						.C	
Bob Evans Farms, Inc.	r=====================================			WWW.hardenessassassassassassassassassassassassassa	war was a war a		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
3776 South High Street				·····	·	Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	$O \mid H$	43207-0863	0 5	0 1	0 9	\$2,500.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	.C	
Robert Loversidge, Jr.							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
2110 East Broad Street						Credit Card	
City	State	Zip Code	М	D	Y	Amount	
Columbus	$O \mid H$	43209	0 5	0 1	0 9	\$500.00	
Full Name of Contributor			Registra		ber, if PA	C	
Maryann Kafer							
Street Address	Employer/Occup	pation/Labor Organization*	- American			Form (Cash, Check, etc.)	
1135 Harrison Avenue						Credit Card	
City	State	Zip Code	M	D	Y	Amount	
Columbus	$O \mid H$	43201	0 5	0 4	0 9	\$30.00	
Full Name of Contributor		10201	Marine Street, Section 1997		ber, if PA	B	
NetJets Aviation, Inc.							
Street Address	Employer/Occur	pation/Labor Organization*			***************************************	Form (Cash, Check, etc.)	
4111 Bridgeway Avenue	Zimproyon o companion and a significant					Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH				0 9	8	
Full Name of Contributor		1 40419			ber, if PA		
			Registra	uon Num	ibei, ii PA		
The Smoot Corporation Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
1907 Leonard Avenue				,	,	Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	О∣Н	43219	0 5	2 8		\$1,000.00	
Full Name of Contributor Registration Number, if PAC							
James B. Hadden and Jennifer P. Hadden							
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)	
825 City Park Avenue						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	$O \mid H$	43206-2049	0 5	2 9	0 9	\$100.00	

Page Total \$ 14,230.00

^{*} 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)]