

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Metro Parks							
Full Name of Contributor Diana H. Melvin, Trustee					Registration Number, if PAC		
Street Address 241 Ashbourne Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209-1454	M 0 3	D 1 4	Y 0 9	Amount \$1,000.00	
Full Name of Contributor Leonard T. Fisher					Registration Number, if PAC		
Street Address 2020 Parklawn Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Lewis Center	State O H	Zip Code 43035	M 0 3	D 1 4	Y 0 9	Amount \$20.00	
Full Name of Contributor Lee A. Wendel and Rebecca Jan Wendel					Registration Number, if PAC		
Street Address 5653 Westbriar Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026-8506	M 0 3	D 1 5	Y 0 9	Amount \$100.00	
Full Name of Contributor Robert D. Litt and Marva Ann Litt					Registration Number, if PAC		
Street Address 728 Collingwood Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081-2458	M 0 3	D 1 5	Y 0 9	Amount \$100.00	
Full Name of Contributor Gary H. Baas Realty					Registration Number, if PAC		
Street Address 959 Maebelle Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 0 3	D 1 6	Y 0 9	Amount \$25.00	
Full Name of Contributor Harvey L. Glick and Audrey G. Glick					Registration Number, if PAC		
Street Address 6736 Lakeside Circle East		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085	M 0 3	D 1 6	Y 0 9	Amount \$150.00	
Full Name of Contributor Thomas E. Szykowny and Lee S. Szykowny					Registration Number, if PAC		
Street Address 250 South Parkview Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexley	State O H	Zip Code 43209	M 0 3	D 1 6	Y 0 9	Amount \$150.00	
Full Name of Contributor NCT Fund Management, LLC					Registration Number, if PAC		
Street Address 274 Marconi Blvd., Suite 400		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 3	D 1 7	Y 0 9	Amount \$500.00	

* 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 \$ 2,045.00