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Statement of Contributions Received

Prescribed by Secretary of State 3/05

		ary time at a law.		vedennéhoskokokomi		walle to the form of the control of				
Name of Committee in Full										
Friends of Metro Parks										
Full Name of Contributor					Registration Number, if PAC					
Diana H. Melvin, Trustee										
Street Address	Employer	/Оссира	tion/Labor Organization*		***************************************		Form (Cash, Cl	neck, etc.)		
241 Ashbourne Road							Check			
City	Sta	te	Zip Code	M	D	Y	Amount			
Columbus	0	H	43209-1454	0 3	1 4	0 9	9	51,000.00		
all Name of Contributor Registration Number, if PAC										
Leonard T. Fisher										
Street Address	Employer	/Occupa	tion/Labor Organization*				Form (Cash, Cl	neck, etc.)		
2020 Parklawn Drive							Check			
City	Sta	te	Zip Code	М	D	Y	Amount			
Lewis Center	0	Н	43035	I .	$\begin{vmatrix} 1 & 4 \end{vmatrix}$	1 . 1		\$20.00		
Full Name of Contributor		***************************************	10000			NAME OF TAXABLE PARTY O	L C	ΨΟΟ		
Lee A. Wendel and Rebecca Jan Wendel Employer/Occupation/Labor Organization*								neck, etc.)		
	Employer/Occupation/Labor Organization*						Check	icek, cie.j		
5653 Westbriar Drive	Sta	10	Zip Code	М	D	Y	Amount			
City		Н	43026-8506		1		Amount	\$100.00		
Hilliard	O	11	43020-6300	0 3	1 5	0 9 ber. if PA	C	\$100.00		
Full Name of Contributor				Registra	tion Num	ber, if PA	C			
Robert D. Litt and Marva Ann Litt										
	reet Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)				
728 Collingwood Drive	ļ						Check			
City	Sta		Zip Code	М	D	Y	Amount	#4.00.00		
Westerville	О	Н	43081-2458		1 5			\$100.00		
Full Name of Contributor Registration Number, if PAC										
Gary H. Baas Realty										
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
959 Maebelle Way							Check			
City	Sta		Zip Code	М	D	Y	Amount			
Westerville	0	H	43081	0 3	1 6	0 9		\$25.00		
Full Name of Contributor				Registra	tion Num	ber, if PA	C			
Harvey L. Glick and Audrey G. Glick				¥						
Street Address	Employer/Occupation/Labor Organization*							heck, etc.)		
6736 Lakeside Circle East							Check			
City	Sta		Zip Code	М	D	Y	Amount			
Worthington	0	H	43085	0 3	1 6	0 9		\$150.00		
Full Name of Contributor				Registra	tion Num	ber, if PA	C			
Thomas E. Szykowny and Lee S. Szyko	wny									
Street Address Employer/Occupation/Labor Organization*						minibility (i) on common or or or or	Form (Cash, C	heck, etc.)		
250 South Parkview Avenue							Check			
City	Sta	ite	Zip Code	М	D	Y	Amount			
Bexley		Η	43209	0 3	1 6	0 9		\$150.00		
Full Name of Contributor		- Commence of the Commence of		reaction contract contract and a series	March 1980 September 1980	ber, if PA	.C			
NCT Fund Management, LLC										
Street Address	Employer	/Occupa	tion/Labor Organization*	1			Form (Cash, C	heck, etc.)		
274 Marconi Blvd., Suite 400	Tamping Co. Seeupunon Sucon Organization						Check			
City	Sta	te	Zip Code	М	D	Y	Amount			
Columbus	0	Н	43215		1 7		R	\$500.00		
Colultibus			10410	1010	11/	リローフ	<u> </u>	φυσυ.συ		

Page Total \$ 2,045.00

^{*} 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)]