

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | | | | | | | | | |
|--|--|-----------------------|---|-------------------------------|--|-----------------------------|--|-------------------|--|-------------------|--|-----------------------------|--|
| Name of Committee in Full Friends of Metro Parks | | | | | | | | | | | | | |
| Full Name of Contributor Lynne M. Jeffrey | | | | | | Registration Number, if PAC | | | | | | | |
| Street Address 1468 Sedgfield Drive | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | | | | | |
| City New Albany | | State O H | | Zip Code 43054-9425 | | M 0 4 | | D 1 8 | | Y 0 9 | | Amount \$100.00 | |
| Full Name of Contributor J. Richard Emens | | | | | | Registration Number, if PAC | | | | | | | |
| Street Address 9592 Lake of the Woods Drive | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | | | | | |
| City Galena | | State O H | | Zip Code 43201-9622 | | M 0 4 | | D 1 9 | | Y 0 9 | | Amount \$35.00 | |
| Full Name of Contributor Philippe D. St. Pierre and Sylvia E. St. Pierre | | | | | | Registration Number, if PAC | | | | | | | |
| Street Address 235 Medick Way | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | | | | | |
| City Worthington | | State O H | | Zip Code 43085-3062 | | M 0 4 | | D 2 0 | | Y 0 9 | | Amount \$50.00 | |
| Full Name of Contributor Brenda K. Dean | | | | | | Registration Number, if PAC | | | | | | | |
| Street Address P. O. Box 21231 | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | | | | | |
| City Columbus | | State O H | | Zip Code 43221-0231 | | M 0 4 | | D 2 2 | | Y 0 9 | | Amount \$100.00 | |
| Full Name of Contributor Herbert R. Brown | | | | | | Registration Number, if PAC | | | | | | | |
| Street Address 1466 Teeway Drive | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | | | | | |
| City Columbus | | State O H | | Zip Code 43220 | | M 0 4 | | D 2 2 | | Y 0 9 | | Amount \$50.00 | |
| Full Name of Contributor Elizabeth B. Crane | | | | | | Registration Number, if PAC | | | | | | | |
| Street Address 279 North Columbia Avenue | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | | | | | |
| City Columbus | | State O H | | Zip Code 43209 | | M 0 4 | | D 2 2 | | Y 0 9 | | Amount \$1,000.00 | |
| Full Name of Contributor Crabbe, Brown & James, LLP | | | | | | Registration Number, if PAC | | | | | | | |
| Street Address 500 South Front Street, Suite 1200 | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | | | | | |
| City Columbus | | State O H | | Zip Code 43215 | | M 0 4 | | D 2 2 | | Y 0 9 | | Amount \$1,000.00 | |
| Full Name of Contributor Kinzelman, Kline Grossman, LLC | | | | | | Registration Number, if PAC | | | | | | | |
| Street Address 444 South Front Street | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | | | | | |
| City Columbus | | State O H | | Zip Code 43215 | | M 0 4 | | D 2 3 | | Y 0 9 | | Amount \$3,000.00 | |

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of 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 \$ 5,335.00