

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 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)]