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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				
Stephen C. Landerman and Susan J. Landerman									
Street Address	Employer	/Occupa	tion/Labor Organization*				Form (Cash, Ch	eck, etc.)	
2598 Camden Road							Check		
City	Sta		Zip Code	M	D	Y	Amount		
Columbus	0	Н	43221	0 3	0 5	Allegania managana a agai		\$100.00	
Full Name of Contributor Registration Number, if PAC									
William E. Arthur and Diana G. Arthur									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Ch	eck, etc.)	
5 Stonegate Village Drive				·		Check			
City	Sta		Zip Code	М	D	Y	Amount	Φ = 0.00	
Columbus	О	Н	43212	0 3	0 6			\$50.00	
Full Name of Contributor	Registration Number, if PAC								
Cindy Ziegler						MONTH OF THE STATE			
Street Address	Employer	/Occupa	tion/Labor Organization*				Form (Cash, Ch	eck, etc.)	
5836 Albany Grove	<u> </u>		y			1	Check		
City	Sta		Zip Code	M	D	Y	Amount	ΦEΩ 00	
Westerville		H	43081	0 3	0 8		<u> </u>	\$50.00	
Full Name of Contributor				Registra	tion Num	iber, if PA	.C		
Lisa M. Studenmund and Steven F. Stu	~~~~				500N0000000000000000000000000000000000			***************************************	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
10769 State Route 736	<u> </u>				Check				
City	Sta	ite H	Zip Code	M	D	Y	Amount	ቀ ደለ ለለ	
Plain City	$\mid O \mid$	11	43064-9723	0 3	STREET, STREET	and the same of th		\$50.00	
Full Name of Contributor Registration Number, if PAC									
David P. Lauer	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)								
Street Address	Employer				1	eck, etc.)			
5386 Dunniker Park Drive	C4-		7:- 0-1-	Ιм	D	Y	Check Amount		
City	Sta	Н	Zip Code 43017-9606	1 .		i		\$250.00	
Dublin Full Name of Contributor		11	43017-9000	0 3		Particular Annies Services	Commission of the service of the ser	\$250.00	
Henry P. Montgomery and Constance H. Montgomery Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)								ack atc.)	
	Employer	/Оссира	mon/Laoor Organization				Check	icck, cic.)	
9536 Brock Road	Sta	+0	Zip Code	M	D	ΙΥ	Amount		
City Diaire City	0	Н	43064	i	1	0 9	8	\$250.00	
Plain City Full Name of Contributor		1. 1.	43004			ber, if PA		ψ2.00.00	
Edward J. Yen and Ellen B. Yen				Registra	aton Ivan	1001, 11 1 7			
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)									
							Check		
7762 Fenway Road City	Sta	ite	Zip Code	М	D	Y	Amount	***************************************	
New Albany	0	H	43054	0 3	1 .	1 .	i inouni	\$25.00	
Full Name of Contributor	Registration Number, if PA						\C	Ψ	
A. G. Meier									
A. G. IVIEIEI Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Cl	eck, etc.)	
2156 Elgin Road	- Secupation Saudi Organization					Check	7		
City	State Zip Code M D Y					Y	Amount		
Columbus	0	H	43221-4137	0 3	1	0 9		\$10.00	
Columbus			TUMMI TIU/	1012	T	ا با ا	L	Ψ±0.00	

Page Total \$ 785.00

^{*} 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)]