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Statement of Contributions Received

Prescribed by Secretary of State 3/05

				www.a.wa.a.wa.						
Name of Committee in Full		out the second start								
Friends of Metro Parks										
Full Name of Contributor			Registration Number, if PAC							
Wilbur Alan Smith							gungerous common co			
Street Address	Employer/O	ccupa	tion/Labor Organization*				Form (Cash, Ch	eck, etc.)		
5747 Clark State Road							Check			
City	State		Zip Code	M	D	Y	Amount			
Gahanna		H	43230	0 3	1 1	0 9		\$100.00		
Full Name of Contributor Registration Number, if PAC										
Edward C. Hertenstein										
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
7235 Biddick Court							Check			
City	State		Zip Code	М	D	Y	Amount			
New Albany	0	H	43054	0 3	1 2	0 9		\$250.00		
Full Name of Contributor		KI DYNOD AND A NO		Registrat	ion Numl	oer, if PA	С			
John F. Finn and Mary M. Finn										
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
3641 Interchange Road							Check			
City	State		Zip Code	М	D	Y	Amount			
Columbus	0	Н	43204-1499	0 3	1 2	0 9		\$500.00		
Full Name of Contributor		en eu eu eu eu eu		Registra	tion Numl	oer, if PA	С	n (al-rich Chainmin) regresse, referent et al-rich mente est an arrenge a		
Mark K. Milligan										
Street Address	Employer/C	Ссира	tion/Labor Organization*	- Consensation of the Cons			Form (Cash, Cl	eck, etc.)		
P. O. Box 12307							Check			
City	State		Zip Code	М	D	Y	Amount			
Columbus	0	Н	43212	0 3	1 2	0 9		\$250.00		
Full Name of Contributor		electronic polygony.		Registra	tion Numl	ber, if PA	С			
John B. Joyce, Trustee										
Street Address	Employer/C	Оссира	tion/Labor Organization*	-4	***************************************		Form (Cash, Cl	ieck, etc.)		
23670 Beavers Road							Check			
City	State		Zip Code	M	D	Y	Amount	******		
Rockbridge	0	Н	43149-9744	0 3	1 3	0 9		\$50.00		
Full Name of Contributor	me constantina and a second	a and and a said			tion Num		С			
Pamela H. Pryor										
Street Address	Employer/Occupation/Labor Organization*			Samuel Control of Cont			Form (Cash, Cl	neck, etc.)		
491 Stanbery Avenue							Check			
City	State		Zip Code	М	D	Y	Amount			
Bexley	0	Н	43209	013	1 3	0 9		\$20.00		
Full Name of Contributor	***************************************				tion Num					
G. Robert Lucas and Roberta R. Lucas				and the state of t						
Street Address	Employer/C	Occupa	ntion/Labor Organization*	_L			Form (Cash, Cl	neck, etc.)		
13 Edge of Woods		-					Check			
City	State		Zip Code	М	D	Y	Amount			
New Albany	lol	Н	43054	0 3	1 3	0 9		\$100.00		
Full Name of Contributor	4			MANAGEMENT STREET, STR	tion Num	STREET, STREET	C			
Roberta A. Ruch										
Street Address	Employer/C	Оссира	ntion/Labor Organization*	<u> </u>			Form (Cash, Cl	neck, etc.)		
46 North Parkview Avenue		•	-				Check	ŕ		
City	State		Zip Code	M	D	Y	Amount			
Columbus		Η	43209	0 3	1 3	0 9		\$50.00		

Page Total \$ 1,320.00

^{*} 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)]