

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Metro Parks							
Full Name of Contributor Wilbur Alan Smith					Registration Number, if PAC		
Street Address 5747 Clark State Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0 3	D 1 1	Y 0 9	Amount \$100.00	
Full Name of Contributor Edward C. Hertenstein					Registration Number, if PAC		
Street Address 7235 Biddick Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State O H	Zip Code 43054	M 0 3	D 1 2	Y 0 9	Amount \$250.00	
Full Name of Contributor John F. Finn and Mary M. Finn					Registration Number, if PAC		
Street Address 3641 Interchange Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43204-1499	M 0 3	D 1 2	Y 0 9	Amount \$500.00	
Full Name of Contributor Mark K. Milligan					Registration Number, if PAC		
Street Address P. O. Box 12307		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 0 3	D 1 2	Y 0 9	Amount \$250.00	
Full Name of Contributor John B. Joyce, Trustee					Registration Number, if PAC		
Street Address 23670 Beavers Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Rockbridge	State O H	Zip Code 43149-9744	M 0 3	D 1 3	Y 0 9	Amount \$50.00	
Full Name of Contributor Pamela H. Pryor					Registration Number, if PAC		
Street Address 491 Stanbery Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexley	State O H	Zip Code 43209	M 0 3	D 1 3	Y 0 9	Amount \$20.00	
Full Name of Contributor G. Robert Lucas and Roberta R. Lucas					Registration Number, if PAC		
Street Address 13 Edge of Woods		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State O H	Zip Code 43054	M 0 3	D 1 3	Y 0 9	Amount \$100.00	
Full Name of Contributor Roberta A. Ruch					Registration Number, if PAC		
Street Address 46 North Parkview Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 0 3	D 1 3	Y 0 9	Amount \$50.00	

* 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)]

Page Total \$ 1,320.00