

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Metro Parks													
Full Name of Contributor Diana Joan Morton						Registration Number, if PAC							
Street Address 7067 Rieber Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Worthington		State O H		Zip Code 43085-2209		M 0 2		D 1 7		Y 0 9		Amount \$50.00	
Full Name of Contributor William C. Johannes and Gail Ann Johannes						Registration Number, if PAC							
Street Address 1964 Cardigan Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43212		M 0 2		D 1 7		Y 0 9		Amount \$50.00	
Full Name of Contributor Patricia T. Howland						Registration Number, if PAC							
Street Address 2684 Fair Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43209		M 0 2		D 1 7		Y 0 9		Amount \$25.00	
Full Name of Contributor Stephen M. Halliday						Registration Number, if PAC							
Street Address 290 Ashbourne Place			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43209-1449		M 0 2		D 1 8		Y 0 9		Amount \$100.00	
Full Name of Contributor Georgeann O. McCall						Registration Number, if PAC							
Street Address 6680 Wallbridge Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43229		M 0 2		D 1 8		Y 0 9		Amount \$100.00	
Full Name of Contributor N. Victor Goodman						Registration Number, if PAC							
Street Address 7482 King George Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City New Albany		State O H		Zip Code 43054		M 0 2		D 1 8		Y 0 9		Amount \$150.00	
Full Name of Contributor Michael J. Barr and Antoinette L. Barr						Registration Number, if PAC							
Street Address 6226 Havens Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Blacklick		State O H		Zip Code 43004		M 0 2		D 1 8		Y 0 9		Amount \$50.00	
Full Name of Contributor Frederick M. Isaac and Judith K. Isaac						Registration Number, if PAC							
Street Address 9455 Harlem Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Westerville		State O H		Zip Code 43081		M 0 2		D 1 9		Y 0 9		Amount \$500.00	

* 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 \$ 1,025.00