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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			Registrat	tion Numl	ber, if PA	С		
Richard P. MacDonell				va				
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
320 Medick Way			1	r		Check		
City	State O H	Zip Code 43085-3034	M	D	$\begin{vmatrix} y \\ 0 \end{vmatrix} 9 \end{vmatrix}$	Amount \$100.00		
Worthington		43000-3034	0 4	0 2	de la companya de la			
Full Name of Contributor Registration Number, if PAC								
Nancy N. Lurie Street Address	Employer/Occur	ation/Labor Organization*				Form (Cash, Check, etc.)		
	Employer/Occupation/Labor Organization					Check		
6060 Cranberry Court	State	Zip Code	Ιм	D	Y	Amount		
Columbus	$O \mid H$	43215	$0 \mid 4$	$0 \mid 2$		\$100.00		
Full Name of Contributor		10210			ber, if PA			
Jerome T. Rampelt								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
3875 Olentangy Blvd.						Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	$O \mid H$	43214	0 4	0 3	0 9	\$100.00		
Full Name of Contributor			Registra	tion Num	ber, if PA	C		
Marjorie Cole Baker								
Street Address	Employer/Occup	oation/Labor Organization*	Buresouver	***************************************		Form (Cash, Check, etc.)		
439 South Harding Road						Check		
City	State	Zip Code	M	D	Y	Amount		
Columbus	OH	43209	$0 \mid 4$	0 5	0 9	\$50.00		
Full Name of Contributor Registration Number, if PAC								
David and Cynthia Staudenmeir								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
7073 Havens Corners Road						Credit Card		
City	State	Zip Code	М	D	Y	Amount		
Blacklick	O H	43004	Name and Address of the Owner, which the	0 6	ii kaleen maanaa maa ka ja ja			
Full Name of Contributor			Registra	tion Num	ber, if PA	AC .		
Mike Skimin								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
627 Broad Street			1	T	1	Credit Card		
City	State	Zip Code	M	D	$\begin{vmatrix} \mathbf{Y} \\ 0 \end{vmatrix} 9$	Amount		
Elyria	IOIH	44035			CONTRACTOR OF THE PARTY OF THE	Accesses the second		
Full Name of Contributor			Registra	ition Num	iber, if PA			
Ultimate Form Fitness, Inc. Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)								
Street Address	Employer/Occupation/Labor Organization					Check		
5825 Ketch Street		Zip Code	М	D	ΙΥ	Amount		
City	O H	43035	1 .	I .	1 .	1 .		
Lewis Center		43033		0 6		<u> </u>		
Full Name of Contributor Registration Number, if PAC Wolfe Enterprises Inc.								
Wolfe Enterprises, Inc. Street Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
34 South Third Street				Check				
City	State	Zip Code	M	D	Y	Amount		
Columbus	OH	43215	1 .	0 7	1 .	1 .		
COLUMNICAD						T		

Page Total \$ 3,125.00

^{*} 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)]