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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

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Name of Committee in Full Friends of Metro Parks								
Full Name of Contributor	Employer Occu	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Donatos Pizzeria Corp.	Employer, occu	Employer, Occupation, Labor Organization			regionation Number, it i Ac			
Street Address	Description of I	М	D	Y	Fair Market Value			
935 Taylor Station Road		Pizzas for victory party			3			
City	State	0 5 0 5 0 9 352.00 Received at Fundraising Event?						
Columbus	O H	☐ YES ☑ NO						
Full Name of Contributor	anno de la companya del la companya de la companya	C H 43230 Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Street Address	Description of I	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund YES	raising E	Event?		
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Street Address	Description of I	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund YES	raising E	event?		
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration Number, if PAC							
Street Address	Description of I	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Receive	Received at Fundraising Event? YES NO				
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Street Address	Description of I	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund YES	Iraising E	Event?		
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Street Address	Description of I	Description of Item or Service		D 	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund YES	Iraising E	event?		
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
City	State	Zip Code	Received at Fundraising Event? YES NO					
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Street Address	Description of I	Description of Item or Service			Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund	lraising E	event?		

Page Total \$ ____352.00

^{*} 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)]