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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full										
Friends of Metro Parks										
Name of Contributor					Registration Number, if PAC					
Crane Group Co.										
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Cl	heck, etc.)		
330 West Spring Street, Suite 200	1 ' '	,3 2-B						Check		
City	St	ate	Zip Code	М	D	Y	Amount			
Columbus	0	Н	43215	$0 \mid 3$	2 5	0 9	Ç	51,000.00		
Full Name of Contributor	Columbus									
Mary Lou Thalheimer										
Street Address	Employe	r/Occupa	ntion/Labor Organization*	<u> </u>		***************************************	Form (Cash, Check, etc.)			
6554 Skywae Drive						Check				
City	St	ate	Zip Code	М	D	Y	Amount			
Columbus		H	43229	0 3	2 6	0 9		\$25.00		
Full Name of Contributor	****	<u>.</u>			tion Num		С			
Julia F. Johnson										
Street Address	Employe	Employer/Occupation/Labor Organization*					Form (Cash, C	heck, etc.)		
P. O. Box 230								Check		
City	St	ate	Zip Code	М	D	Y	Amount			
Urbana	0	Н	43078	0 3	2 6	0 9		\$100.00		
Full Name of Contributor		Commission of the Commission o		USSET VATORATION AND AND AND AND AND AND AND AND AND AN	tion Num	Commence of the Commence of th	C			
Sam R. Benningfield and Karen M. Benningfield										
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)					
3999 Wynding Drive								Check		
City	St	ate	Zip Code	М	D	Y	Amount	***************************************		
Columbus	0	H	43214-3134	0 3	2 7	0 9		\$250.00		
Full Name of Contributor		***************************************			tion Num		C			
Tahlman Krumm, Jr. and Elizabeth E. Krumm										
Street Address	Employe				Form (Cash, Check, etc.)					
4250 Brompton Court								Check		
City	St	ate	Zip Code	M	D	Y	Amount			
New Albany	0	H	43054	0 3	2 7	0 9		\$100.00		
Full Name of Contributor				Registra	ition Num	ber, if PA	ıC			
Lorey J. Roggenkamp										
Street Address	Employe			economic de la company de la c	Form (Cash, Check, etc.)					
334 Ridgedale Drive North							Check			
City	1	ate	Zip Code	М	D	Y	Amount			
Worthington	0	H	443085	0 3	3 0	0 9		\$35.00		
Full Name of Contributor					ition Num					
Barbara K. Brandt					(2000 -2 000-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0					
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
2333 Brentwood Road							Check			
City	St	tate	Zip Code	M	D	Y	Amount			
Columbus		H	43209-2103	0 4		0 9		\$250.00		
Full Name of Contributor Registration Number, if PAC										
Katherine Epler										
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)				
2409 Dover Road						Check				
City	St	ate	Zip Code	М	D	Y	Amount			
Columbus		H	43209	0 4	0 1	0 9		\$50.00		

Page Total \$ _____1,810.00

^{*} 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)]