

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Metro Parks							
Full Name of Contributor Radu V. Saveanu and Teri P. Saveanu					Registration Number, if PAC		
Street Address 3427 Sunset Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 3	D 1 9	Y 0 9	Amount \$100.00	
Full Name of Contributor William C. Wolfe, Jr.					Registration Number, if PAC		
Street Address 766 Bluffview Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43235	M 0 3	D 2 0	Y 0 9	Amount \$500.00	
Full Name of Contributor J. Jeffrey McNealey					Registration Number, if PAC		
Street Address 247 East Beck Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 0 3	D 2 0	Y 0 9	Amount \$250.00	
Full Name of Contributor Anne Powell Riley					Registration Number, if PAC		
Street Address 2363 Tremont Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 3	D 2 2	Y 0 9	Amount \$250.00	
Full Name of Contributor Porter, Wright, Morris & Arthur LLP					Registration Number, if PAC		
Street Address 41 South High Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 3	D 2 3	Y 0 9	Amount \$2,500.00	
Full Name of Contributor J. Randall Schoedinger and Martha J. Schoedinger					Registration Number, if PAC		
Street Address 1882 North Devon Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 0 3	D 2 3	Y 0 9	Amount \$100.00	
Full Name of Contributor Elgin E. Young, Jr. and Sharon L. Young					Registration Number, if PAC		
Street Address 470 East Schrock Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 0 3	D 2 3	Y 0 9	Amount \$25.00	
Full Name of Contributor John L. Schlater and Debra A. Schlater					Registration Number, if PAC		
Street Address 365 Saddle Path Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Pataskala	State O H	Zip Code 43062-8028	M 0 3	D 2 5	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 \$ 4,225.00