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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			Registration Number, if PAC						
Radu V. Saveanu and Teri P. Saveanu					Manipi Company				
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Check, et	c.)	
3427 Sunset Drive					1 .		Check	,	
City	l	ate TT	Zip Code	M	D	Y	Amount		
Columbus	О	Н	43221	0 3	1 9	0 9		00.00	
Full Name of Contributor Registration Number, if PAC									
William C. Wolfe, Jr.						(Val)X-() iiiind Val) tu puquusu		parameter in the later of the l	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, et	.c.)		
766 Bluffview Drive				1	T		Check		
City			Zip Code	M	D	Y	Amount	20.00	
Columbus	<u> </u>	H	43235	PART AND PROPERTY OF THE PARTY	2 0	0 9	And the second s	00.00	
Full Name of Contributor Registration Number, if PA						C			
J. Jeffrey McNealey									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
247 East Beck Street							Check		
City	_	ate TT	Zip Code	M	D	Y	Amount	-0.00	
Columbus		H	43206	AND DESCRIPTION OF THE PARTY OF	2 0	CONTRACTOR DESCRIPTION OF THE PARTY OF THE P	Caralina and a second and a second and a second as	50.00	
Full Name of Contributor Registration Number, if PA						С			
Anne Powell Riley									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, et	(c.)	
2363 Tremont Road							Check		
City	1 _	ate . TT	Zip Code	M	D	Y	Amount	-0.00	
Columbus		H	43221	0 3	CONTRACTOR OF THE PROPERTY OF	MANAGER STATEMENT		50.00	
Full Name of Contributor Registration Number, if PAC									
Porter, Wright, Morris & Arthur LLP							March Control		
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Check, et	ic.)	
41 South High Street	ļ				·		Check		
City	I _	ate TT	Zip Code	M	D	Y	Amount	20.00	
Columbus		H	43215		2 3		\$2,50	JU.UU	
Full Name of Contributor Registration Number, if PAC									
J. Randall Schoedinger and Martha J. Schoedinger									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
1882 North Devon Road	<u> </u>						Check	·····	
City		ate	Zip Code	M	D	Y	Amount	00.00	
Columbus	0	H	43212		2 3			00.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	С		
Elgin E. Young, Jr. and Sharon L. Young							***********************		
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, et	tc.)	
470 East Schrock Road					· · · · · · · · · · · · · · · · · · ·		Check		
City	1 _	ate	Zip Code	M	D	Y	Amount	25 00	
Westerville		H	43081	0 3	NAMES OF TAXABLE PARTY	0 9		25.00	
Full Name of Contributor Registration Number, if PAC									
John L. Schlater and Debra A. Schlater									
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, et	tc.)			
365 Saddle Path Lane				<u> </u>			Check		
City	_	ate	Zip Code	M	D	Y	Amount	00.00	
Pataskala		H	43062-8028	0 3	2 5	0 9	\$50	00.00	

Page Total \$ 4,225.00

^{*} 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)]