

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Metro Parks									
Full Name of Contributor Alice Sweeley						Registration Number, if PAC			
Street Address 3816 Lake Cumberland Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Grove City		State O H		Zip Code 43123		M D Y 0 4 1 6 0 9		Amount \$25.00	
Full Name of Contributor Audrey A. Eskes						Registration Number, if PAC			
Street Address 189 Briarbend Blvd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Powell		State O H		Zip Code 43065		M D Y 0 4 1 6 0 9		Amount \$30.00	
Full Name of Contributor Robert Glotzhober						Registration Number, if PAC			
Street Address 3942 Millstone Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Columbus		State O H		Zip Code 43207		M D Y 0 4 1 6 0 9		Amount \$20.00	
Full Name of Contributor Henry P. Montgomery and Constance H. Montgomery						Registration Number, if PAC			
Street Address 9536 Brock Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Plain City		State O H		Zip Code 43064		M D Y 0 4 1 6 0 9		Amount \$100.00	
Full Name of Contributor George C. Hurley						Registration Number, if PAC			
Street Address 489 Catawba Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Westerville		State O H		Zip Code 43081		M D Y 0 4 1 6 0 9		Amount \$50.00	
Full Name of Contributor National City Bank						Registration Number, if PAC			
Street Address 155 East Broad Street, 7th Floor			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H		Zip Code 43215-0070		M D Y 0 4 1 6 0 9		Amount \$1,000.00	
Full Name of Contributor Glen Schmidt						Registration Number, if PAC			
Street Address 3015 Shadywood Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Columbus		State O H		Zip Code 43221		M D Y 0 4 1 7 0 9		Amount \$50.00	
Full Name of Contributor Robert H. Jeffrey						Registration Number, if PAC			
Street Address 296 Ashbourne Place			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Bexley		State O H		Zip Code 43209		M D Y 0 4 1 7 0 9		Amount \$5,000.00	

* 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 \$ 6,275.00