

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Metro Parks									
Full Name of Contributor John O'Meara						Registration Number, if PAC			
Street Address 1155 Woodman Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Worthington		State O H		Zip Code 43085		M D Y 0 9 1 8 1 3		Amount 500.00	
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 9 1 8 1 3		Amount 500.00	
Full Name of Contributor Gregory S. Lashutka						Registration Number, if PAC			
Street Address 729 Mohawk Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H		Zip Code 43206		M D Y 0 9 1 8 1 3		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 D Y 0 9 1 8 1 3		Amount 500.00	
Full Name of Contributor Ellen L. Tripp						Registration Number, if PAC			
Street Address 5420 Clark State Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna		State O H		Zip Code 43230-1956		M D Y 0 9 2 1 1 3		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 D Y 1 0 2 1 1 3		Amount 500.00	
Full Name of Contributor John O'Meara						Registration Number, if PAC			
Street Address 1155 Woodman Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Worthington		State O H		Zip Code 43085		M D Y 1 0 2 3 1 3		Amount 392.53	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M D Y		Amount	

* 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 \$ 3,392.53