

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Metro Parks							
Full Name of Contributor Lucinda T. Kirk					Registration Number, if PAC		
Street Address 2334 Brentwood Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Bexley		State <input type="radio"/> O <input type="radio"/> H	Zip Code 43209	M 0	D 2	Y 8	Amount \$150.00
Full Name of Contributor Lawrence W. Libby and Lois M. Libby					Registration Number, if PAC		
Street Address 2320 Sedgwick Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State <input type="radio"/> O <input type="radio"/> H	Zip Code 43220-5431	M 0	D 2	Y 8	Amount \$75.00
Full Name of Contributor David E. Chesebrough and Dorothy R. Chesebrough					Registration Number, if PAC		
Street Address 2655 Chester Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Upper Arlington		State <input type="radio"/> O <input type="radio"/> H	Zip Code 43221	M 0	D 3	Y 0	Amount \$100.00
Full Name of Contributor Michael Gonsiorowski and Joy Gonsiorowski					Registration Number, if PAC		
Street Address 2666 Brentwood Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Bexley		State <input type="radio"/> O <input type="radio"/> H	Zip Code 43209	M 0	D 3	Y 0	Amount \$100.00
Full Name of Contributor William Heifner and Sandy Heifner					Registration Number, if PAC		
Street Address 3215 Rocky Fork Place			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Gahanna		State <input type="radio"/> O <input type="radio"/> H	Zip Code 43230-1972	M 0	D 3	Y 0	Amount \$100.00
Full Name of Contributor Josh E. Knights and Lara C. Knights					Registration Number, if PAC		
Street Address 2531 Wimbledon Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Upper Arlington		State <input type="radio"/> O <input type="radio"/> H	Zip Code 43220-4211	M 0	D 3	Y 0	Amount \$100.00
Full Name of Contributor Bradley R. Kastan and Holly S. Kastan					Registration Number, if PAC		
Street Address 2355 Commonwealth Park South			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State <input type="radio"/> O <input type="radio"/> H	Zip Code 43209	M 0	D 3	Y 0	Amount \$25.00
Full Name of Contributor Joseph M. Berwanger					Registration Number, if PAC		
Street Address 1600 Sundridge Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State <input type="radio"/> O <input type="radio"/> H	Zip Code 43221-1427	M 0	D 3	Y 0	Amount \$100.00

* 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)]