

## Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>COMMITTEE FOR THE 2014 COLUMBUS ZOO LEVY</b>							
Full Name of Contributor <b>WOLFE ENTERPRISES, INC.</b>					Registration Number, if PAC		
Street Address <b>34 SOUTH THIRD STREET</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>	M <b>0</b>	D <b>4</b>	Y <b>1</b>	Amount <b>\$25,000.00</b>	
Full Name of Contributor <b>CARDINAL HEALTH</b>					Registration Number, if PAC		
Street Address <b>PO BOX 3813</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>DUBLIN</b>	State <b>OH</b>	Zip Code <b>43016</b>	M <b>0</b>	D <b>4</b>	Y <b>1</b>	Amount <b>\$10,000.00</b>	
Full Name of Contributor <b>LIMITED BRANDS</b>					Registration Number, if PAC		
Street Address <b>TWO LIMITED PARKWAY</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43230</b>	M <b>0</b>	D <b>4</b>	Y <b>2</b>	Amount <b>\$50,000.00</b>	
Full Name of Contributor <b>GRANGE INSURANCE COMPANIES</b>					Registration Number, if PAC		
Street Address <b>PO BOX 1218</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43216</b>	M <b>0</b>	D <b>4</b>	Y <b>2</b>	Amount <b>\$5,000.00</b>	
Full Name of Contributor <b>WAYNE WOOKEY</b>					Registration Number, if PAC		
Street Address <b>1926 MILDEN ROAD</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43221</b>	M <b>0</b>	D <b>4</b>	Y <b>2</b>	Amount <b>\$100.00</b>	
Full Name of Contributor <b>RESOURCE 100 LTD</b>					Registration Number, if PAC		
Street Address <b>6478 WINCHESTER BLVD</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>CANAL WINCHESTER</b>	State <b>OH</b>	Zip Code <b>43110</b>	M <b>0</b>	D <b>4</b>	Y <b>2</b>	Amount <b>\$1,000.00</b>	
Full Name of Contributor <b>3 POINT BRAND MANAGEMENT</b>					Registration Number, if PAC		
Street Address <b>11815 SW KING JAMES PLACE, SUITE 50</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>TIGARD</b>	State <b>OR</b>	Zip Code <b>97224</b>	M <b>0</b>	D <b>4</b>	Y <b>2</b>	Amount <b>\$1,500.00</b>	
Full Name of Contributor <b>CTL ENGINEERING, INC.</b>					Registration Number, if PAC		
Street Address <b>2860 FISHER ROAD</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43204</b>	M <b>0</b>	D <b>4</b>	Y <b>2</b>	Amount <b>\$1,500.00</b>	

\* 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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$94,100.00**