

## Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>COMMITTEE FOR THE COLUMBUS ZOO LEVY</b>									
Full Name of Contributor <b>THE COLUMBUS ZOOLOGICAL PARK ASSOCIATION</b>						Registration Number, if PAC			
Street Address <b>4850 POWELL ROAD</b>			Employer, Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>WIRE</b>			
City <b>POWELL</b>		State <b>OH</b>	Zip Code <b>43065</b>		M <b>0</b>	D <b>9</b>	Y <b>2</b>	Y <b>5</b>	Amount <b>\$50,000.00</b>
Full Name of Contributor <b>ROBIN HOLDERMAN</b>						Registration Number, if PAC			
Street Address <b>7689 CLOISTER DRIVE</b>			Employer, Occupation/Labor Organization* <b>Columbus Regional Airport</b>			Form (Cash, Check, etc.) <b>CC</b>			
City <b>COLUMBUS</b>		State <b>OH</b>	Zip Code <b>43235</b>		M <b>0</b>	D <b>9</b>	Y <b>0</b>	Y <b>9</b>	Amount <b>\$500.00</b>
Full Name of Contributor <b>CAROL ANDREAE</b>						Registration Number, if PAC			
Street Address <b>2486 BEXLEY PARK ROAD</b>			Employer, Occupation/Labor Organization* <b>SELF EMPLOYED / COACHING</b>			Form (Cash, Check, etc.) <b>CHECK</b>			
City <b>COLUMBUS</b>		State <b>OH</b>	Zip Code <b>43209</b>		M <b>1</b>	D <b>0</b>	Y <b>1</b>	Y <b>5</b>	Amount <b>\$500.00</b>
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	Y	Amount
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	Y	Amount
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	Y	Amount
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	Y	Amount
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	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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$51,000.00**