Statement of Contributions Received

Page ___

Prescribed by Secretary of State 03:05

Name of Committee in Full COMMITEE FOR THE COLUMBUS ZOO LEVY				
Full Name of Contributor FIESTA CONCESSION CORP			Registration Number, if PAC	
Street Address 2834 E. 46TH STREET	Employer Occupa	tion/Labor Organization	_!	Form (Cash, Check, etc.) CHECK
City VERNON	State CA	Zip Code 90058	0 8 0 3 1 5	Amount \$1,000.00
Full Name of Contributor CATHERINE L. FERRARI			Registration Number, if PAC	
Street Address 5050 OLENTANGY RIVER ROAD	Employer Occupation/Labor Organization		•	Form (Cash, Check, etc.). CHECK
City COLUMBUS	State OH	Zip Code 43214	0 8 0 7 1 5	Amount \$100.00
Full Name of Contributor TAFT STETTINIUS & HOLLISTER BETTER GOVERNMENT FUND Registration Number, if PAC				
Street Address 425 WALNIT ST. STE 1800	Employer/Occupa	tion/Labor Organization	_	Form (Cash, Check, etc.) CHECK
City CINCINNATI	State OH	Zip Code 45202	0 8 1 2 1 5	Amount \$1,000.00
Full Name of Contributor CASHMANS Registration Number, if PAC				
Street Address 1646 US HIGHWAY 42 N	Employer/Occupa	tion/Labor Organization		Form (Cash, Check, etc.) CHECK
City DELAWARE	State OH	Zip Code 43015	M D N 0 8 1 7 1 5	Amount \$1,000.00
Full Name of Contributor WOLFE ENTERPRISES, INC. Registration Number, if PAC				
Street Address 34 S THIRD STREET	Employer, Occupa	sion/Labor Organization*		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH_	Zip Code 43215	0 8 1 3 1 5	Amount \$25,000.00
Full Name of Contributor Registration Number, if PAC JOHN P. GANNON				
Street Address 6040 KENTIGERN CT S	Employer:Occupation/Labor Organization		_	Form (Cash, Check, etc.) CHECK
City DUBLIN	State OH	Zip Code 43017	0 8 2 5 1 5	Amount \$100.00
Full Name of Contributor STEPHANI HIGHTOWER Registration Number, if PAC				
Street Address 223 WOODLAND AVE	Employer. Occupation Labor Organization			Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43203	M D Y Y O 9 0 3 1 5	Amount S100.00
Full Name of Contributor NATIONWIDE MUTUAL INSURANCE COMPANY Registration Number, if PAC				AC
Street Address ONE NATIONWIDE PLAZA	Employer/Occupa	tion/Labor Organization		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43215	0 8 2 8 1 5	Amount \$50,000.00

Page Total \$78,300.00

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