

# 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>SCOTT WALLACE</b>						Registration Number, if PAC					
Street Address <b>5990 SPRINGBURN DR</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CC</b>					
City <b>DUBLIN</b>		State <b>OH</b>	Zip Code <b>43017</b>		M <b>0</b>	D <b>9</b>	Y <b>0</b>	Y <b>8</b>	Y <b>1</b>	Y <b>5</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>MICHAEL VOINOVICH</b>						Registration Number, if PAC					
Street Address <b>3026 SUMMERVIEW CT</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CC</b>					
City <b>GALENA</b>		State <b>OH</b>	Zip Code <b>43021</b>		M <b>0</b>	D <b>9</b>	Y <b>0</b>	Y <b>8</b>	Y <b>1</b>	Y <b>5</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>ANGELA CHAFIN</b>						Registration Number, if PAC					
Street Address <b>4252 SWEET CLOVER CT</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CASH</b>					
City <b>COLUMBUS</b>		State <b>OH</b>	Zip Code <b>43228</b>		M <b>1</b>	D <b>0</b>	Y <b>1</b>	Y <b>4</b>	Y <b>1</b>	Y <b>5</b>	Amount <b>\$20.00</b>
Full Name of Contributor <b>JILL SNYDER</b>						Registration Number, if PAC					
Street Address <b>1069 WEST MAIN ST</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CASH</b>					
City <b>WESTEVILLE</b>		State <b>OH</b>	Zip Code <b>43081</b>		M <b>0</b>	D <b>9</b>	Y <b>1</b>	Y <b>8</b>	Y <b>1</b>	Y <b>5</b>	Amount <b>\$20.00</b>
Full Name of Contributor <b>PETER FINGERHUT</b>						Registration Number, if PAC					
Street Address <b>4850 W POWELL RD</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CASH</b>					
City <b>POWELL</b>		State <b>OH</b>	Zip Code <b>43065</b>		M <b>0</b>	D <b>9</b>	Y <b>1</b>	Y <b>5</b>	Y <b>1</b>	Y <b>5</b>	Amount <b>\$100.00</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	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	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	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 **\$240.00**