

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full COMMITTEE FOR THE COLUMBUS ZOO LEVY							
Full Name of Contributor RONALD MILLER					Registration Number, if PAC		
Street Address 1597 TOWNSHIP ROAD 31		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC		
City KILLBUCK	State OH	Zip Code 44637	M 1	D 0	Y 14	Amount \$250.00	
Full Name of Contributor MATTHEW FOX					Registration Number, if PAC		
Street Address 5467 TAMMERON CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC		
City GALLOWAY	State OH	Zip Code 43119	M 1	D 0	Y 13	Amount \$25.00	
Full Name of Contributor GEETA KAVETI					Registration Number, if PAC		
Street Address 3361 WINDY FOREST LANE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC		
City POWELL	State OH	Zip Code 43065	M 1	D 0	Y 13	Amount \$50.00	
Full Name of Contributor DR. PHILS AUTO LLC					Registration Number, if PAC		
Street Address 14940 TRENTON ROAD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC		
City SUNBURY	State OH	Zip Code 43074	M 1	D 0	Y 13	Amount \$500.00	
Full Name of Contributor STEPHEN COY					Registration Number, if PAC		
Street Address BEST EFFORTS		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC		
City	State OH	Zip Code	M 1	D 0	Y 05	Amount \$5.00	
Full Name of Contributor ABIGAIL HARDING					Registration Number, if PAC		
Street Address 338 BLANDFORD DRIVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC		
City WORTHINGTON	State OH	Zip Code 43085	M 1	D 0	Y 03	Amount \$25.00	
Full Name of Contributor KIM TOOTHMAN					Registration Number, if PAC		
Street Address 2100 PINEBROOK ROAD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC		
City COLUMBUS	State OH	Zip Code 43220	M 1	D 0	Y 01	Amount \$25.00	
Full Name of Contributor STEVE SHEPARD					Registration Number, if PAC		
Street Address 5610 DUNDON CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC		
City DUBLIN	State OH	Zip Code 43017	M 1	D 0	Y 01	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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$980.00**