

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 DORIS MOORE						Registration Number, if PAC						
Street Address 883 SCHILLINGWOOD DR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC					
City GAHANNA		State OH		Zip Code 43230		M 0		D 8		Y 1115		Amount \$5.00
Full Name of Contributor LISA SHIROMA						Registration Number, if PAC						
Street Address 300 E WILSON BRIDGE ROAD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC					
City WORTHINGTON		State OH		Zip Code 43085		M 0		D 8		Y 0215		Amount \$100.00
Full Name of Contributor ED KLOPFER						Registration Number, if PAC						
Street Address 870 EAST JOHNSTOWN			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC					
City COLUMBUS		State OH		Zip Code 43230		M 0		D 8		Y 0115		Amount \$100.00
Full Name of Contributor MARSHA BALLMAN						Registration Number, if PAC						
Street Address 6719 NEW ALBANY RD EAST			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC					
City NEW ALBANY		State OH		Zip Code 43054		M 0		D 7		Y 3015		Amount \$50.00
Full Name of Contributor BILL EHRGOOD						Registration Number, if PAC						
Street Address 3675 PARSONS AVENUE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC					
City COLUMBUS		State OH		Zip Code 43207		M 0		D 7		Y 2815		Amount \$25.00
Full Name of Contributor JEFFREY HASTINGS						Registration Number, if PAC						
Street Address 5228 LONGRIFLE RD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC					
City WESTERVILLE		State OH		Zip Code 43081		M 0		D 7		Y 2815		Amount \$100.00
Full Name of Contributor SUBHA LEMBACH						Registration Number, if PAC						
Street Address 1493 COLLEGE HILL DR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC					
City UPPER ARLINGTON		State OH		Zip Code 43221		M 0		D 7		Y 2815		Amount \$25.00
Full Name of Contributor BONNIE MILENTAL						Registration Number, if PAC						
Street Address 612 PARK ST STE 300			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC					
City COLUMBUS		State OH		Zip Code 43215		M 0		D 7		Y 2815		Amount \$500.00

* 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 **\$905.00**