

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 JAMES N BAIRD						Registration Number, if PAC			
Street Address 2235 ATLEE CT			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City COLUMBUS		State OH	Zip Code 43220		M 0	D 7	Y 2	Y 8	Amount \$50.00
Full Name of Contributor CAMILLE WINBUSH						Registration Number, if PAC			
Street Address 1665 GOSPORT PL			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City NEW ALBANY		State OH	Zip Code 43054		M 0	D 7	Y 2	Y 7	Amount \$75.00
Full Name of Contributor RICHARD SHANK						Registration Number, if PAC			
Street Address 4855 BAYHILL DR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City POWELL		State OH	Zip Code 43065		M 0	D 7	Y 2	Y 1	Amount \$150.00
Full Name of Contributor ANNE TAYLOR						Registration Number, if PAC			
Street Address 1375 CAMELOT DRIVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City COLUMBUS		State OH	Zip Code 43220		M 0	D 7	Y 1	Y 6	Amount \$100.00
Full Name of Contributor ANNIE MARSICO						Registration Number, if PAC			
Street Address 1092 MICHIGAN AVENUE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City COLUMBUS		State OH	Zip Code 43201		M 0	D 7	Y 1	Y 5	Amount \$100.00
Full Name of Contributor SCOTT CAINE						Registration Number, if PAC			
Street Address 123 W CLEARVIEW AVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City WORTHINGTON		State OH	Zip Code 43085		M 0	D 7	Y 1	Y 5	Amount \$100.00
Full Name of Contributor STANFORD APELSOFF						Registration Number, if PAC			
Street Address 2740 W DUBLIN GRANVILLE RD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City COLUMBUS		State OH	Zip Code 43235		M 0	D 7	Y 1	Y 4	Amount \$100.00
Full Name of Contributor NIKHIL HUNSHIKATTI						Registration Number, if PAC			
Street Address 5868 SCOTSMAN CT			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City DUBLIN		State OH	Zip Code 43016		M 0	D 7	Y 1	Y 3	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 **\$775.00**