

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

|   |  |                    |   |  |               |                             |  |               |               |               |                             |
|---|--|--------------------|---|--|---------------|-----------------------------|--|---------------|---------------|---------------|-----------------------------|
| Name of Committee in Full<br><b>COMMITTEE FOR THE COLUMBUS ZOO LEVY</b> |  |                    |   |  |               |                             |  |               |               |               |                             |
| Full Name of Contributor<br><b>CHARLES RODENFELS</b>                    |  |                    |   |  |               | Registration Number, if PAC |  |               |               |               |                             |
| Street Address<br><b>448 NATIONWIDE BLVD</b>                            |  |                    | Employer/Occupation/Labor Organization* |  |               |                             | Form (Cash, Check, etc.)<br><b>CHECK</b> |               |               |               |                             |
| City<br><b>COLUMBUS</b>   |  | State<br><b>OH</b> | Zip Code<br><b>43215</b>                |  | M<br><b>0</b> | D<br><b>6</b>               | Y<br><b>1</b>                            | Y<br><b>8</b> | Y<br><b>1</b> | Y<br><b>5</b> | Amount<br><b>\$500.00</b>   |
| Full Name of Contributor<br><b>SALLY CURLEY</b>                         |  |                    |   |  |               | Registration Number, if PAC |  |               |               |               |                             |
| Street Address<br><b>9035 ESIN COURT</b>                                |  |                    | Employer/Occupation/Labor Organization* |  |               |                             | Form (Cash, Check, etc.)<br><b>CHECK</b> |               |               |               |                             |
| City<br><b>POWELL</b>   |  | State<br><b>OH</b> | Zip Code<br><b>43065</b>                |  | M<br><b>0</b> | D<br><b>6</b>               | Y<br><b>1</b>                            | Y<br><b>8</b> | Y<br><b>1</b> | Y<br><b>5</b> | Amount<br><b>\$500.00</b>   |
| Full Name of Contributor<br><b>KEITH SHUMATE</b>                        |  |                    |   |  |               | Registration Number, if PAC |  |               |               |               |                             |
| Street Address<br><b>10807 WINCHOMBE DRIVE</b>                          |  |                    | Employer/Occupation/Labor Organization* |  |               |                             | Form (Cash, Check, etc.)<br><b>CHECK</b> |               |               |               |                             |
| City<br><b>DUBLIN</b>   |  | State<br><b>OH</b> | Zip Code<br><b>43016</b>                |  | M<br><b>0</b> | D<br><b>6</b>               | Y<br><b>1</b>                            | Y<br><b>7</b> | Y<br><b>1</b> | Y<br><b>5</b> | Amount<br><b>\$1,250.00</b> |
| Full Name of Contributor<br><b>SUSAN D. RECTOR</b>                      |  |                    |   |  |               | Registration Number, if PAC |  |               |               |               |                             |
| Street Address<br><b>67 EAST DESHLER AVENUE</b>                         |  |                    | Employer/Occupation/Labor Organization* |  |               |                             | Form (Cash, Check, etc.)<br><b>check</b> |               |               |               |                             |
| City<br><b>COLUMBUS</b>   |  | State<br><b>OH</b> | Zip Code<br><b>43206</b>                |  | M<br><b>0</b> | D<br><b>6</b>               | Y<br><b>1</b>                            | Y<br><b>7</b> | Y<br><b>1</b> | Y<br><b>5</b> | Amount<br><b>\$500.00</b>   |
| Full Name of Contributor<br><b>JAMES H. BALTHASER</b>                   |  |                    |   |  |               | Registration Number, if PAC |  |               |               |               |                             |
| Street Address<br><b>7679 COOK ROAD</b>                                 |  |                    | Employer/Occupation/Labor Organization* |  |               |                             | Form (Cash, Check, etc.)<br><b>CHECK</b> |               |               |               |                             |
| City<br><b>POWELL</b>   |  | State<br><b>OH</b> | Zip Code<br><b>43065</b>                |  | M<br><b>0</b> | D<br><b>6</b>               | Y<br><b>1</b>                            | Y<br><b>7</b> | Y<br><b>1</b> | Y<br><b>5</b> | Amount<br><b>\$500.00</b>   |
| Full Name of Contributor<br><b>NORMA DODGE</b>                          |  |                    |   |  |               | Registration Number, if PAC |  |               |               |               |                             |
| Street Address<br><b>5011 HEATHMOOR DRIVE</b>                           |  |                    | Employer/Occupation/Labor Organization* |  |               |                             | Form (Cash, Check, etc.)<br><b>CHECK</b> |               |               |               |                             |
| City<br><b>COLUMBUS</b>   |  | State<br><b>OH</b> | Zip Code<br><b>43220</b>                |  | M<br><b>0</b> | D<br><b>6</b>               | Y<br><b>1</b>                            | Y<br><b>9</b> | Y<br><b>1</b> | Y<br><b>5</b> | Amount<br><b>\$200.00</b>   |
| Full Name of Contributor<br><b>THOMAS E. CARPENTER</b>                  |  |                    |   |  |               | Registration Number, if PAC |  |               |               |               |                             |
| Street Address<br><b>235 PARTRIDGE BEND</b>                             |  |                    | Employer/Occupation/Labor Organization* |  |               |                             | Form (Cash, Check, etc.)<br><b>CHECK</b> |               |               |               |                             |
| City<br><b>POWELL</b>   |  | State<br><b>OH</b> | Zip Code<br><b>43065</b>                |  | M<br><b>0</b> | D<br><b>6</b>               | Y<br><b>2</b>                            | Y<br><b>0</b> | Y<br><b>1</b> | Y<br><b>5</b> | Amount<br><b>\$250.00</b>   |
| Full Name of Contributor<br><b>JOLENE HICKMAND</b>                      |  |                    |   |  |               | Registration Number, if PAC |  |               |               |               |                             |
| Street Address<br><b>329 LENAPPE DRIVE</b>                              |  |                    | Employer/Occupation/Labor Organization* |  |               |                             | Form (Cash, Check, etc.)<br><b>CHECK</b> |               |               |               |                             |
| City<br><b>COLUMBUS</b>   |  | State<br><b>OH</b> | Zip Code<br><b>43214</b>                |  | M<br><b>0</b> | D<br><b>6</b>               | Y<br><b>2</b>                            | Y<br><b>2</b> | Y<br><b>1</b> | Y<br><b>5</b> | Amount<br><b>\$750.00</b>   |

\* 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 **\$4,450.00**