

## 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>OHIOHEALTH</b>						Registration Number, if PAC						
Street Address <b>180 EAST BROAD</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>WIRE</b>						
City <b>COLUMBUS</b>			State <b>OH</b>	Zip Code <b>43215</b>		M <b>1</b>		D <b>0</b>		Y <b>0315</b>		Amount <b>\$10,000.00</b>
Full Name of Contributor <b>ONEIL AWNING &amp; TENT CO., INC.</b>						Registration Number, if PAC						
Street Address <b>895 W. WALNUT STREET</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>						
City <b>CANAL WINCHETER</b>			State <b>OH</b>	Zip Code <b>43110</b>		M <b>1</b>		D <b>0</b>		Y <b>0215</b>		Amount <b>\$1,000.00</b>
Full Name of Contributor <b>HUNTINGTON NATIONAL BANK</b>						Registration Number, if PAC						
Street Address <b>PO BOX 1558</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>						
City <b>COLUMBUS</b>			State <b>OH</b>	Zip Code <b>43219</b>		M <b>0</b>		D <b>9</b>		Y <b>2515</b>		Amount <b>\$30,000.00</b>
Full Name of Contributor <b>LOUIS R. POLSTER</b>						Registration Number, if PAC						
Street Address <b>PO BOX 2016</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>						
City <b>COLUMBUS</b>			State <b>OH</b>	Zip Code <b>43216</b>		M <b>1</b>		D <b>0</b>		Y <b>0215</b>		Amount <b>\$1,000.00</b>
Full Name of Contributor <b>JOHN I CADWALLADER</b>						Registration Number, if PAC						
Street Address <b>182 UPPER CHELSEA ROAD</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>						
City <b>COLUMBUS</b>			State <b>OH</b>	Zip Code <b>43212</b>		M <b>1</b>		D <b>0</b>		Y <b>0115</b>		Amount <b>\$150.00</b>
Full Name of Contributor <b>MESSER CONSTRUCTION CO.</b>						Registration Number, if PAC						
Street Address <b>5158 FISHWICK DRIVE</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>						
City <b>CINCINNATI</b>			State <b>OH</b>	Zip Code <b>45216</b>		M <b>0</b>		D <b>8</b>		Y <b>2115</b>		Amount <b>\$2,500.00</b>
Full Name of Contributor <b>PRATER ENGINEERING ASSOCIATES, INC.</b>						Registration Number, if PAC						
Street Address <b>6130 WILCOX ROAD</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>						
City <b>DUBLIN</b>			State <b>OH</b>	Zip Code <b>43015</b>		M <b>0</b>		D <b>9</b>		Y <b>0815</b>		Amount <b>\$250.00</b>
Full Name of Contributor <b>MARIAN SUE CONRAD</b>						Registration Number, if PAC						
Street Address <b>8039 CROSSGATE CT S</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>						
City <b>DUBIN</b>			State <b>OH</b>	Zip Code <b>43017</b>		M <b>0</b>		D <b>8</b>		Y <b>2515</b>		Amount <b>\$100.00</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 **\$45,000.00**