

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							Registration Number, if PAC		
JEREMY GUTIERREZ									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
7663 SHEPARD DRIVE							CC		
City		State	Zip Code		M	D	Y	Amount	
POWELL		OH	43065		0	7	1	15	
Full Name of Contributor							Registration Number, if PAC		
SHERRY KISH									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
6146 BRAYMOORE DR							CC		
City		State	Zip Code		M	D	Y	Amount	
GALENA		OH	43021		0	7	0	15	
Full Name of Contributor							Registration Number, if PAC		
COURTNEY HODAPP									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
295 EAST LONG STREET APT 221							CC		
City		State	Zip Code		M	D	Y	Amount	
COLUMBUS		OH	43215		0	7	0	15	
Full Name of Contributor							Registration Number, if PAC		
MICHAEL PATRECCA									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
1901 UPPER CHELSEA RD							CC		
City		State	Zip Code		M	D	Y	Amount	
UPPER ARLINGTON		OH	43212		0	7	0	15	
Full Name of Contributor							Registration Number, if PAC		
JAMES CHESTER									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
4846 RIVERSIDE DRIVE							CC		
City		State	Zip Code		M	D	Y	Amount	
COLUMBUS		OH	43220		0	7	0	15	
Full Name of Contributor							Registration Number, if PAC		
ANN GALLAGHER									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
8357 BRECKENRIDGE WAY							CC		
City		State	Zip Code		M	D	Y	Amount	
COLUMBUS		OH	43235		0	7	0	15	
Full Name of Contributor							Registration Number, if PAC		
JENNIFER RYAN									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
5810 DORSHIRE DR							CC		
City		State	Zip Code		M	D	Y	Amount	
GALENA		OH	43021		0	7	0	15	
Full Name of Contributor							Registration Number, if PAC		
CRAIG MARSHALL									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
9438 PINECREEK DRIVE							CC		
City		State	Zip Code		M	D	Y	Amount	
POWELL		OH	43065		0	7	0	15	

* 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)]