Statement of Contributions Received

Page _____

Prescribed by Secretary of State 03:05

Name of Committee in Full COMMITEE FOR THE COLUM	BUS ZOO LEV	1			
Full Name of Contributor BAKER VEHICLE SYSTEMS	···		Registration Number, if	PAC	
Street Address 9035 FREEWAY DR	Employer/Occu	pation/Labor Organization*	<u>L</u>	Form (Cash, Check, etc.) CHECK	
City MACEDONNA	State OH	Zip Code 44056	M P Y	Amount \$100.00	
Full Name of Contributor BRIAN C. CAMPBELL			Registration Number, if	PAC	
Street Address 1960 CHATFIELD RD	Employer/Occupation/Labor Organization		L .	Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43221	0 7 1 9 1 5	Amount \$100.00	
Full Name of Contributor KATHRYN KOBLENTZ		·	Registration Number, if PAC		
Street Address 2205 FAIRFAX RC	Employer:Occu	epation/Labor Organization	-	Form (Cash, Check, etc.) CHECK	
COLUMBUS	State OH	Zip Code 43221	0 7 1 6 1 5	Amount \$50.00	
Full Name of Contributor SUPPLY ONE			Registration Number, if	PAC	
Street Address 26401 RICHMOND ROAD	Employer/Occu	epation/Labor Organization	-	Form (Cash, Check, etc.) CHECK	
City CLEVELAND	OH State	Zip Code 44146	0 7 2 1 1 3	Amount \$1,250.00	
Full Name of Contributor DORIS CALLOWAY MOORE			Registration Number, if	PAC	
Street Address 883 SCHILLINGWOOD DR	Employer, Occu	pation/Labor Organization		Form (Cash, Check, etc.) CHECK	
City GAHANNA	State OH	Zip Code 43230	0 7 2 8 1 5	Amount \$1,000.00	
Full Name of Contributor THOMAS HEIBY	•			Registration Number, if PAC	
Street Address 2250 LANE WOODS DR	Employer/Occupation/Labor Organization*		·	Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43221	M D N N P N P N P N P N P N P N P N P N P	Amount \$500.00	
Full Name of Contributor CHARLES LEWIS GREENE			Registration Number, if		
Street Address 4479 CLARK SHAW ROAD	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City POWELL	State OH	Zip Code 43065	0 7 2 4 1 5		
Full Name of Contributor GORDON JABLONKA			Registration Number, if	PAC	
Street Address 2400 MILLIGAN CI	Employer/Occu	ipation/Labor Organization		Form (Cash, Check, etc.) CHECK	
GROVE CITY	State OH	Zip Code 43123	0 7 2 9 1	Amount 5 \$250.00	

Page Total \$3,550.00

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)]