31-A
R.C. 3517.10

Page 9

Statement of Contributions Received

Prescribed by Secretary of State 03-05

Name of Committee in Full								
COMMITEE FOR THE COLUMBUS ZOO LEVY								
Full Name of Contributor							**Registration Number, if PAC**	
FIESTA CONCESSION CORP								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
2834 E. 46TH STREET								CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
VERNON	CA	90058	0 8	0 3	1 5			$1,000.00
Full Name of Contributor							**Registration Number, if PAC**	
CATHERINE L. FERRARI								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
5050 OLENTANGY RIVER ROAD								CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
COLUMBUS	OH	43214	0 8	0 7	1 5			$100.00
Full Name of Contributor							**Registration Number, if PAC**	
TAFT STETTINIUS & HOLLISTER BETTER GOVERNMENT FUND								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
425 WALNIT ST. STE 1800								CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
CINCINNATI	OH	45202	0 8	1 2	1 5			$1,000.00
Full Name of Contributor							**Registration Number, if PAC**	
CASHMANS								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
1646 US HIGHWAY 42 N								CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
DELAWARE	OH	43015	0 8	1 7	1 5			$1,000.00
Full Name of Contributor							**Registration Number, if PAC**	
WOLFE ENTERPRISES, INC.								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
34 S THIRD STREET								CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
COLUMBUS	OH	43215	0 8	1 3	1 5			$25,000.00
Full Name of Contributor							**Registration Number, if PAC**	
JOHN P. GANNON								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
6040 KENTIGERN CT S								CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
DUBLIN	OH	43017	0 8	2 5	1 5			$100.00
Full Name of Contributor							**Registration Number, if PAC**	
STEPHANI HIGHTOWER								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
223 WOODLAND AVE								CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
COLUMBUS	OH	43203	0 9	0 3	1 5			$100.00
Full Name of Contributor							**Registration Number, if PAC**	
NATIONWIDE MUTUAL INSURANCE COMPANY								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
ONE NATIONWIDE PLAZA								CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
COLUMBUS	OH	43215	0 8	2 8	1 5			$50,000.00

* 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 $78,300.00