

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 DORIS MOORE				Registration Number, if PAC			
Street Address 883 SCHILLINGWOOD DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC		
City GAHANNA	State OH	Zip Code 43230	M 0	D 8	Y 11	Amount \$5.00	
Full Name of Contributor LISA SHIROMA				Registration Number, if PAC			
Street Address 300 E WILSON BRIDGE ROAD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC		
City WORTHINGTON	State OH	Zip Code 43085	M 0	D 8	Y 02	Amount \$100.00	
Full Name of Contributor ED KLOPFER				Registration Number, if PAC			
Street Address 870 EAST JOHNSTOWN		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC		
City COLUMBUS	State OH	Zip Code 43230	M 0	D 8	Y 01	Amount \$100.00	
Full Name of Contributor MARSHA BALLMAN				Registration Number, if PAC			
Street Address 6719 NEW ALBANY RD EAST		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC		
City NEW ALBANY	State OH	Zip Code 43054	M 0	D 7	Y 30	Amount \$50.00	
Full Name of Contributor BILL EHRGOOD				Registration Number, if PAC			
Street Address 3675 PARSONS AVENUE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC		
City COLUMBUS	State OH	Zip Code 43207	M 0	D 7	Y 28	Amount \$25.00	
Full Name of Contributor JEFFREY HASTINGS				Registration Number, if PAC			
Street Address 5228 LONGRIFLE RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC		
City WESTERVILLE	State OH	Zip Code 43081	M 0	D 7	Y 28	Amount \$100.00	
Full Name of Contributor SUBHA LEMBACH				Registration Number, if PAC			
Street Address 1493 COLLEGE HILL DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC		
City UPPER ARLINGTON	State OH	Zip Code 43221	M 0	D 7	Y 28	Amount \$25.00	
Full Name of Contributor BONNIE MILENTHAL				Registration Number, if PAC			
Street Address 612 PARK ST STE 300		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC		
City COLUMBUS	State OH	Zip Code 43215	M 0	D 7	Y 28	Amount \$500.00	

* 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 **\$905.00**