

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 JEREMY GUTIERREZ						Registration Number, if PAC			
Street Address 7663 SHEPARD DRIVE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC			
City POWELL		State OH	Zip Code 43065		M 0	D 7	Y 1	Y 1	Y 5
Amount \$100.00									
Full Name of Contributor SHERRY KISH						Registration Number, if PAC			
Street Address 6146 BRAYMOORE DR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC			
City GALENA		State OH	Zip Code 43021		M 0	D 7	Y 0	Y 8	Y 1
Amount \$500.00									
Full Name of Contributor COURTNEY HODAPP						Registration Number, if PAC			
Street Address 295 EAST LONG STREET APT 221			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC			
City COLUMBUS		State OH	Zip Code 43215		M 0	D 7	Y 0	Y 8	Y 1
Amount \$250.00									
Full Name of Contributor MICHAEL PATRECCA						Registration Number, if PAC			
Street Address 1901 UPPER CHELSEA RD			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC			
City UPPER ARLINGTON		State OH	Zip Code 43212		M 0	D 7	Y 0	Y 8	Y 1
Amount \$300.00									
Full Name of Contributor JAMES CHESTER						Registration Number, if PAC			
Street Address 4846 RIVERSIDE DRIVE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC			
City COLUMBUS		State OH	Zip Code 43220		M 0	D 7	Y 0	Y 8	Y 1
Amount \$100.00									
Full Name of Contributor ANN GALLAGHER						Registration Number, if PAC			
Street Address 8357 BRECKENRIDGE WAY			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC			
City COLUMBUS		State OH	Zip Code 43235		M 0	D 7	Y 0	Y 7	Y 1
Amount \$200.00									
Full Name of Contributor JENNIFER RYAN						Registration Number, if PAC			
Street Address 5810 DORSHIRE DR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC			
City GALENA		State OH	Zip Code 43021		M 0	D 7	Y 0	Y 7	Y 1
Amount \$300.00									
Full Name of Contributor CRAIG MARSHALL						Registration Number, if PAC			
Street Address 9438 PINECREEK DRIVE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC			
City POWELL		State OH	Zip Code 43065		M 0	D 7	Y 0	Y 6	Y 1
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 **\$2,250.00**