

Statement of Contributions Received

Prescribed by Secretary of State 03/05

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|---|--------------------|---|---------------|---------------|---|------------------------------|--|
| Name of Committee in Full COMMITTEE FOR THE COLUMBUS ZOO LEVY | | | | | | | |
| Full Name of Contributor THE COLUMBUS ZOOLOGICAL PARK ASSOCIATION | | | | | Registration Number, if PAC | | |
| Street Address 4850 POWELL ROAD | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) WIRE | | |
| City POWELL | State OH | Zip Code 43065 | M 0 | D 9 | Y 2 | Amount \$50,000.00 | |
| Full Name of Contributor | | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | |
| City | State | Zip Code | M | D | Y | Amount | |
| Full Name of Contributor | | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | |
| City | State | Zip Code | M | D | Y | Amount | |
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| Full Name of Contributor | | | | | Registration Number, if PAC | | |
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| City | State | Zip Code | M | D | Y | Amount | |

* 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 **\$50,000.00**