

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 BAKER VEHICLE SYSTEMS				Registration Number, if PAC		
Street Address 9035 FREEWAY DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City MACEDONNA	State OH	Zip Code 44056	M 0	D 7	Y 1 5 1 5	Amount \$100.00
Full Name of Contributor BRIAN C. CAMPBELL				Registration Number, if PAC		
Street Address 1960 CHATFIELD RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43221	M 0	D 7	Y 1 9 1 5	Amount \$100.00
Full Name of Contributor KATHRYN KOBLANTZ				Registration Number, if PAC		
Street Address 2205 FAIRFAX RC		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43221	M 0	D 7	Y 1 6 1 5	Amount \$50.00
Full Name of Contributor SUPPLY ONE				Registration Number, if PAC		
Street Address 26401 RICHMOND ROAD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City CLEVELAND	State OH	Zip Code 44146	M 0	D 7	Y 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/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City GAHANNA	State OH	Zip Code 43230	M 0	D 7	Y 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 0	D 7	Y 2 8 1 5	Amount \$500.00
Full Name of Contributor CHARLES LEWIS GREENE				Registration Number, if PAC		
Street Address 4479 CLARK SHAW ROAD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City POWELL	State OH	Zip Code 43065	M 0	D 7	Y 2 4 1 5	Amount \$300.00
Full Name of Contributor GORDON JABLONKA				Registration Number, if PAC		
Street Address 2400 MILLIGAN CI		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City GROVE CITY	State OH	Zip Code 43123	M 0	D 7	Y 2 9 1 5	Amount \$250.00

* 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 **\$3,550.00**