31-A
R.C. 3517.10

Page 16

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	
PETER A FINGERHUT								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
5092 SHADOW WOODS CT								CHECK
City	State	Zip Code	M		D		Y	Amount
POWELL	OH	43065	0	9	1	0	1 5	$100.00
Full Name of Contributor							Registration Number, if PAC	
ALLISON NEUMANN								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
6427 QUARRY LN								CHECK
City	State	Zip Code	M		D		Y	Amount
DUBLIN	OH	43017	0	9	0	9	1 5	$50.00
Full Name of Contributor							Registration Number, if PAC	
CAROL Y ALLERDING								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
245 RAVINE RIDGE DR N								CHECK
City	State	Zip Code	M		D		Y	Amount
POWELL	OH	43065	0	9	0	8	1 5	$100.00
Full Name of Contributor							Registration Number, if PAC	
TAKEYSHA S CHENEY								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
6988 GREENSWARD RD								CHECK
City	State	Zip Code	M		D		Y	Amount
NEW ALBANY	OH	43054	0	9	0	9	1 5	$500.00
Full Name of Contributor							Registration Number, if PAC	
GORDON F. LITT								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
6100 IRELAND RD NE								CHECK
City	State	Zip Code	M		D		Y	Amount
LANCASTER	OH	43130	0	9	2	0	1 5	$100.00
Full Name of Contributor							Registration Number, if PAC	
MARK D SENFF								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
6435 MEADOWBROOK CIR.								CHECK
City	State	Zip Code	M		D		Y	Amount
WORTHINGTON	OH	43085	0	9	2	2	1 5	$100.00
Full Name of Contributor							Registration Number, if PAC	
JOHN HASELEY								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
9546 HOOPER ROAD								CHECK
City	State	Zip Code	M		D		Y	Amount
ATHENS	OH	45701	0	9	2	1	1 5	$50.00
Full Name of Contributor							Registration Number, if PAC	
BEATRICE WEILER								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
9000 RIVERS END								CHECK
City	State	Zip Code	M		D		Y	Amount
POWELL	OH	43065	0	9	1	9	1 5	$100.00

* 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 $1,100.00