31-A
R.C. 3517.10

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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**	
JOHN E ZIMMERMAN								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
7272 MACBETH DR								CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
DUBLIN	OH	43016	06	30	15			$100.00
Full Name of Contributor							**Registration Number, if PAC**	
SUPERIOR BEVERAGE CORP								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
871 MICHIGAN AVE								CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
COLUMBUS	OH	43215	07	09	15			$1,000.00
Full Name of Contributor							**Registration Number, if PAC**	
WILLIAM C WOLFE								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
766 BLUFFVIEW DR								CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
COLUMBUS	OH	43235	07	10	15			$100.00
Full Name of Contributor							**Registration Number, if PAC**	
ROBERT P POWERS								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
749 WOODS HOLLOW LANE								CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
POWELL	OH	43065	07	14	15			$200.00
Full Name of Contributor							**Registration Number, if PAC**	
TIMOTHY R MAY								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
5247 REDDINGTON DR								CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
DUBLIN	OH	43017	07	14	15			$250.00
Full Name of Contributor							**Registration Number, if PAC**	
LARRY ABBOTT								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
4966 RIVERSIDE DRIVE								CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
COLUMBUS	OH	43220	07	06	15			$250.00
Full Name of Contributor							**Registration Number, if PAC**	
IDA COPENHAVER								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
2448 EDINGTON RD								CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
COLUMBUS	OH	43221	07	16	15			$300.00
Full Name of Contributor							**Registration Number, if PAC**	
DIANA K BLESSING								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
4086 HANOVER SQ DR								CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
DUBLIN	OH	43016	07	15	15			$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 $2,450.00