

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 EDMUND REINHART						Registration Number, if PAC			
Street Address 6634 STRTHERN CT			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC			
City DUBLIN		State OH	Zip Code 43016		M 0	D 7	Y 0	Y 5	Amount \$100.00
Full Name of Contributor ERIC SMOLENSKI						Registration Number, if PAC			
Street Address 5691 FOX CHASE TRAIL			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC			
City GALENA		State OH	Zip Code 43221		M 0	D 7	Y 0	Y 5	Amount \$500.00
Full Name of Contributor DOUGLAS WARMOLTS						Registration Number, if PAC			
Street Address 3250 KIOKA AVE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC			
City COLUMBUS		State OH	Zip Code 43221		M 0	D 6	Y 3	Y 0	Amount \$100.00
Full Name of Contributor TERI BERLINER						Registration Number, if PAC			
Street Address 901 CHERRFILED AVE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC			
City COLUMBUS		State OH	Zip Code 43235		M 0	D 6	Y 3	Y 0	Amount \$150.00
Full Name of Contributor URI HOLMES						Registration Number, if PAC			
Street Address 5450 FRANTZ RD STE 200			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC			
City DUBLIN		State OH	Zip Code 43017		M 0	D 6	Y 2	Y 9	Amount \$100.00
Full Name of Contributor PHILIP PIKELNY						Registration Number, if PAC			
Street Address PO BOX 163126			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC			
City COLUMBUS		State OH	Zip Code 43215		M 0	D 6	Y 2	Y 9	Amount \$250.00
Full Name of Contributor KENNETH COOKE						Registration Number, if PAC			
Street Address 1744 SE 9TH STREET			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC			
City FORT LAUDERDALE		State FL	Zip Code 33316		M 0	D 6	Y 2	Y 8	Amount \$250.00
Full Name of Contributor THERESA HARRIS						Registration Number, if PAC			
Street Address 4176 MENDERES DR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC			
City POWELL		State OH	Zip Code 43065		M 0	D 6	Y 2	Y 6	Amount \$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 **\$1,550.00**