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	
RICHARD E DIETZ				
Street Address 540 W BROADWAT	Employer/Occupat	ion/Labor Organization		Form (Cash, Check, etc.) WIRE
GRANVILLE	State OH	Zip Code 43023	0 9 D 5 1 5	Amount \$250.00
Full Name of Contributor Registration Number, if PAC MHKLOP4, LLC				
Street Address 2816 POWELL AVENUE	Employer/Occupation/Labor Organization		- -	Form (Cash, Check, etc.) CHECK
City COLUMBUS	State	Zip Code 43209	0 9 1 0 1 5	Amount \$100.00
Il Name of Contributor GRANGE INSURANCE COMPANIES Registration Number, if			AC	
Street Address PO BOX 1218	Employer/Occupati	ion/Labor Organization	<u> </u>	Form (Cash, Check, etc.) CHECK
Columbus	State OH	Zip Code 43216	1 0 1 8 1 5	Amount \$5,000.00
Full Name of Contributor GOLD MEDAL COLUMBUS Registration Number, if PAC				
Street Address 787 HARRISON DR	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43204	M D Y	Amount \$250.00
Full Name of Contributor ARENA PRODUCE COMPANY, INC. Registration Number, if PAC				
Street Address PO BOX 8429	Employer, Occupati	ion/Labor Organization*		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH _.	Zip Code 43201	1 0 0 1 1 5	Amount \$500.00
Full Name of Contributor Registration Number, if ELIZABETH INGRAM				AC
Street Address 2395 CLUB ROAD	Employer, Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43221	M D Y	Amount \$5,000.00
Full Name of Contributor THE COLUMBUS ZOOLOGICIAL PARK ASSOCIATION Registration Number, if P				AC
Street Address 4850 POWELL ROAD	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) WIRE
City POWELL	State OH	Zip Ciule 43065	0 8 0 5 1 5	Amount \$150,000.00
Full Name of Contributor THE COLUMBUS ZOOLOGICIAL PARK ASSOCIATION Registration Number, if PA				AC
Street Address 4850 POWELL ROAD	Employer/Occupati	ion/Labor Organization		Form (Cash, Check, etc.) WIRE
City POWELL	State OH	Zip Cixle 43065	M D Y 1 5	Amount \$175,000.00

Page Total \$336,100.00

^{*} 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)]