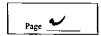
## **Statement of Contributions Received**



Prescribed by Secretary of State 03/05

Name of Committee in Full COMMITEE FOR THE COLUMB	US ZOO LEV	/			
Full Name of Contributor CHARLES RODENFELS			Registration Number, if	PAC	
Street Address 448 NATIONWIDE BLVD	Employer/Occu	spation/Labor Organization	<u>-</u>	Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43215	0 6 1 8 1 5	Amount \$500.00	
Full Name of Contributor SALLY CURLEY		<u></u>	Registration Number, if	PAC	
Street Address 9035 ESIN COURT	Employer/Occupation/Labor Organization*		<del></del>	Form (Cash, Check, etc.) CHECK	
City POWELL	State OH	Zip Code 43065	0 6 1 8 1 5	Amount \$500.00	
Full Name of Contributor KEITH SHUMATE	TE			Registration Number, if PAC	
Street Address 10807 WINCHOMBE DRIVE	Employer/Occu	ipation/Labor Organization		Form (Cash, Check, etc.) CHECK	
City DUBLIN	State OH	Zip Code 43016	0 6 1 7 1 5	Amount \$1,250.00	
Il Name of Contributor SUSAN D. RECTOR			Registration Number, if	PAC	
Street Address 67 EAST DESHLER AVENUE	Employer/Occu	ipation/Labor Organization		Form (Cash, Check, etc.) check	
City COLUMBUS	State OH	Zip Code 43206	0 6 1 7 1 5	Amount S500.00	
Full Name of Contributor JAMES H. BALTHASER			Registration Number, if	PAC	
Street Address 7679 COOK ROAD	Employer/Occu	ipation/Labor Organization	•	Form (Cash, Check, etc.) CHECK	
City POWELL	State OH	Zip Code 43065	0 6 1 7 1 5	Amount S500.00	
Full Name of Contributor NORMA DODGE			Registration Number, if	PAC	
Street Address 5011 HEATHMOOR DRIVE	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43220	M D Y <sub>1</sub>	Amount \$200.00	
Full Name of Contributor THOMAS E. CARPENTER			Registration Number, if	PAC	
Street Address 235 PARTRIDGE BEND	Employer Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK	
City POWELL	State OH	Zip Code 43065	0 6 2 0 1 5	Amount \$250.00	
Full Name of Contributor  JOLENE HICKMAND			Registration Number, if	PAC	
Street Address 329 LENAPPE DRIVE	Employer/Occu	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)  CHECK	
City COLUMBUS	State OH	Zip Code 43214	M D Y 1 5	Amount \$750.00	

Page Total \$4,450.00

<sup>\*</sup> 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)]