

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	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	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	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	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	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	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	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	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**