

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 JEREMY GUTIERREZ | | | | | | Registration Number, if PAC | |
| Street Address 7663 SHEPARD DRIVE | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CC | |
| City POWELL | | State OH | Zip Code 43065 | M 0 | D 7 | Y 1115 | Amount \$100.00 |
| Full Name of Contributor SHERRY KISH | | | | | | Registration Number, if PAC | |
| Street Address 6146 BRAYMOORE DR | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CC | |
| City GALENA | | State OH | Zip Code 43021 | M 0 | D 7 | Y 0815 | Amount \$500.00 |
| Full Name of Contributor COURTNEY HODAPP | | | | | | Registration Number, if PAC | |
| Street Address 295 EAST LONG STREET APT 221 | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CC | |
| City COLUMBUS | | State OH | Zip Code 43215 | M 0 | D 7 | Y 0815 | Amount \$250.00 |
| Full Name of Contributor MICHAEL PATRECCA | | | | | | Registration Number, if PAC | |
| Street Address 1901 UPPER CHELSEA RD | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CC | |
| City UPPER ARLINGTON | | State OH | Zip Code 43212 | M 0 | D 7 | Y 0815 | Amount \$300.00 |
| Full Name of Contributor JAMES CHESTER | | | | | | Registration Number, if PAC | |
| Street Address 4846 RIVERSIDE DRIVE | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CC | |
| City COLUMBUS | | State OH | Zip Code 43220 | M 0 | D 7 | Y 0815 | Amount \$100.00 |
| Full Name of Contributor ANN GALLAGHER | | | | | | Registration Number, if PAC | |
| Street Address 8357 BRECKENRIDGE WAY | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CC | |
| City COLUMBUS | | State OH | Zip Code 43235 | M 0 | D 7 | Y 0715 | Amount \$200.00 |
| Full Name of Contributor JENNIFER RYAN | | | | | | Registration Number, if PAC | |
| Street Address 5810 DORSHIRE DR | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CC | |
| City GALENA | | State OH | Zip Code 43021 | M 0 | D 7 | Y 0715 | Amount \$300.00 |
| Full Name of Contributor CRAIG MARSHALL | | | | | | Registration Number, if PAC | |
| Street Address 9438 PINECREEK DRIVE | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CC | |
| City POWELL | | State OH | Zip Code 43065 | M 0 | D 7 | Y 0615 | Amount \$500.00 |

* 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 **\$2,250.00**