

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 PATRICIA PETERS						Registration Number, if PAC			
Street Address 4479 CLARK SHAW ROAD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City POWELL		State OH		Zip Code 43065		M 0		D 7	
						Y 2		Y 4	
						Y 1		Y 5	
Amount \$250.00									
Full Name of Contributor RAY JONES						Registration Number, if PAC			
Street Address 943 N NELSON ROAD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State OH		Zip Code 43219		M 0		D 7	
						Y 1		Y 9	
						Y 1		Y 5	
Amount \$100.00									
Full Name of Contributor AQUATIC ADVENTURES OHIO						Registration Number, if PAC			
Street Address 3940 LYMAN DRIVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City HILLIARD		State OH		Zip Code 43026		M 0		D 7	
						Y 2		Y 9	
						Y 1		Y 5	
Amount \$500.00									
Full Name of Contributor BERNARD F MASTER						Registration Number, if PAC			
Street Address 340 TUCKER DRIVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City WORTHINGTON		State OH		Zip Code 43085		M 0		D 8	
						Y 1		Y 2	
						Y 1		Y 5	
Amount \$500.00									
Full Name of Contributor CAROL J ANDREAE						Registration Number, if PAC			
Street Address 2486 BEXLEY PARK RD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State OH		Zip Code 43209		M 0		D 8	
						Y 1		Y 1	
						Y 1		Y 5	
Amount \$500.00									
Full Name of Contributor GEORGE KUN TRAVEL						Registration Number, if PAC			
Street Address 1545 BETHEL ROAD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State OH		Zip Code 43220		M 0		D 8	
						Y 0		Y 9	
						Y 1		Y 5	
Amount \$200.00									
Full Name of Contributor GLAUS, PYLE, SCHOMER, BURNS & DEHAVEN, INC.						Registration Number, if PAC			
Street Address 520 S MAIN STREER STE 2531			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City AKRON		State OH		Zip Code 44311		M 0		D 8	
						Y 1		Y 0	
						Y 1		Y 5	
Amount \$250.00									
Full Name of Contributor JOHN J. KULEWICZ						Registration Number, if PAC			
Street Address 2104 YORKSHIRE RD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City UPPER ARLINGTON		State OH		Zip Code 43221		M 0		D 8	
						Y 0		Y 8	
						Y 1		Y 5	
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 \$2,800.00