

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 PETER A FINGERHUT					Registration Number, if PAC		
Street Address 5092 SHADOW WOODS CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City POWELL	State OH	Zip Code 43065	M 0	D 9	Y 1	Amount \$100.00	
Full Name of Contributor ALLISON NEUMANN					Registration Number, if PAC		
Street Address 6427 QUARRY LN		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State OH	Zip Code 43017	M 0	D 9	Y 0	Amount \$50.00	
Full Name of Contributor CAROL Y ALLERDING					Registration Number, if PAC		
Street Address 245 RAVINE RIDGE DR N		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City POWELL	State OH	Zip Code 43065	M 0	D 9	Y 0	Amount \$100.00	
Full Name of Contributor TAKEYSHA S CHENEY					Registration Number, if PAC		
Street Address 6988 GREENSWARD RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City NEW ALBANY	State OH	Zip Code 43054	M 0	D 9	Y 0	Amount \$500.00	
Full Name of Contributor GORDON F. LITT					Registration Number, if PAC		
Street Address 6100 IRELAND RD NE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City LANCASTER	State OH	Zip Code 43130	M 0	D 9	Y 2	Amount \$100.00	
Full Name of Contributor MARK D SENFF					Registration Number, if PAC		
Street Address 6435 MEADOWBROOK CIR.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City WORTHINGTON	State OH	Zip Code 43085	M 0	D 9	Y 2	Amount \$100.00	
Full Name of Contributor JOHN HASELEY					Registration Number, if PAC		
Street Address 9546 HOOPER ROAD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City ATHENS	State OH	Zip Code 45701	M 0	D 9	Y 2	Amount \$50.00	
Full Name of Contributor BEATRICE WEILER					Registration Number, if PAC		
Street Address 9000 RIVERS END		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City POWELL	State OH	Zip Code 43065	M 0	D 9	Y 1	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 **\$1,100.00**