

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 COLBY CRALL						Registration Number, if PAC			
Street Address 770 TWIN RIVERS DRIVE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC			
City COLUMBUS		State OH	Zip Code 43215		M 0	D 6	Y 2	Y 5	Amount \$100.00
Full Name of Contributor JOEL OLIPHINT						Registration Number, if PAC			
Street Address PITCHFORK MEDIA - 1834 W N AVE SE 2			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC			
City CHICAGO		State IL	Zip Code 60626		M 0	D 6	Y 2	Y 3	Amount \$300.00
Full Name of Contributor CARMAN WIRTZ						Registration Number, if PAC			
Street Address 4850 W POWELL RD			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC			
City POWELL		State OH	Zip Code 43065		M 0	D 6	Y 2	Y 3	Amount \$300.00
Full Name of Contributor CHRISTOPHER GODLEY						Registration Number, if PAC			
Street Address 19460 BEAR SWAMP ROAD			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC			
City MARYSVILLE		State OH	Zip Code 43040		M 0	D 6	Y 3	Y 0	Amount \$100.00
Full Name of Contributor DONNA ZUIDERWEG						Registration Number, if PAC			
Street Address 4431 GREYHILL ST			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC			
City NEW ALBANY		State OH	Zip Code 43054		M 0	D 6	Y 1	Y 9	Amount \$250.00
Full Name of Contributor CHERYL LESKO						Registration Number, if PAC			
Street Address 4850 W POWELL RD			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC			
City POWELL		State OH	Zip Code 43065		M 0	D 6	Y 1	Y 9	Amount \$250.00
Full Name of Contributor JEFF RUPPERT / THE RUPPERT CO., LLC						Registration Number, if PAC			
Street Address 6 KENTWOOD DRIVE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC			
City FRANKLIN		State FL	Zip Code 45005		M 0	D 6	Y 1	Y 9	Amount \$5.00
Full Name of Contributor JEFF RUPPERT / THE RUPPERT CO., LLC						Registration Number, if PAC			
Street Address 6 KENTWOOD DRIVE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC			
City FRANKLIN		State OH	Zip Code 45005		M 0	D 6	Y 1	Y 9	Amount \$5.00

* 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 **\$1,310.00**