

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	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	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	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	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	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	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	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	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**