31-A
R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full							
COMMITEE FOR THE COLUMBUS ZOO LEVY							
Full Name of Contributor						**Registration Number, if PAC**	
PATRICIA PETERS							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
4479 CLARK SHAW ROAD							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
POWELL	OH	43065	07	24	15		$250.00
Full Name of Contributor						**Registration Number, if PAC**	
RAY JONES							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
943 N NELSON ROAD							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
COLUMBUS	OH	43219	07	19	15		$100.00
Full Name of Contributor						**Registration Number, if PAC**	
AQUATIC ADVENTURES OHIO							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
3940 LYMAN DRIVE							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
HILLIARD	OH	43026	07	29	15		$500.00
Full Name of Contributor						**Registration Number, if PAC**	
BERNARD F MASTER							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
340 TUCKER DRIVE							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
WORTHINGTON	OH	43085	08	12	15		$500.00
Full Name of Contributor						**Registration Number, if PAC**	
CAROL J ANDREAE							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2486 BEXLEY PARK RD							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
COLUMBUS	OH	43209	08	11	15		$500.00
Full Name of Contributor						**Registration Number, if PAC**	
GEORGE KUN TRAVEL							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1545 BETHEL ROAD							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
COLUMBUS	OH	43220	08	09	15		$200.00
Full Name of Contributor						**Registration Number, if PAC**	
GLAUS, PYLE, SCHOMER, BURNS & DEHAVEN, INC.							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
520 S MAIN STREER STE 2531							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
AKRON	OH	44311	08	10	15		$250.00
Full Name of Contributor						**Registration Number, if PAC**	
JOHN J. KULEWICZ							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2104 YORKSHIRE RD							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
UPPER ARLINGTON	OH	43221	08	08	15		$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