Statement of Contributions Received

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Prescribed by Secretary of State 03:05

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|---|--|-----------------------------|----------------------------|-----------------------------------|
| Name of Committee in Full COMMITEE FOR THE COLUMBUS | ZOO LEVY | , | | |
| Full Name of Contributor THOMAS E. BOGEN | | | Registration Number, if P. | AC |
| Street Address 3983 NEWHALL RD | Employer/Occu | pation/Labor Organization | | Form (Cash, Check, etc.) CHECK |
| City COLUMBUS | State OH | Zip Code 43220 | 0 7 0 4 1 5 | Amount \$100.00 |
| Full Name of Contributor PRICE FARMS ORGANICS LTD Registration Number, if PAC | | | | |
| Street Address 4838 WARRENSBURG RD | Employer/Occupation/Labor Organization | | | Form (Cash, Check, etc.) CHECK |
| DELAWARE | State OH | Zip Code 43015 | 0 7 0 6 1 5 | Amount \$100.00 |
| Full Name of Contributor WALTER OFFINGER Registration Number, if PAC | | | | |
| Street Address 1261 MARWOOD DR | Employer/Occu | ipation/Labor Organization | | Form (Cash, Check, etc.) CHECK |
| City ZANESVILLE | State OH | Zip Code 43701 | 0 6 3 0 1 5 | Amount \$100.00 |
| Full Name of Contributor CHRISTOPHER E LAVER | | | | |
| Street Address 2401 WIMBLEDON RD | Employer/Occi | upation/Labor Organization | | Form (Cash, Check, etc.) CHECK |
| City COLUMBUS | State OH | Zip Code 43220 | 0 6 2 8 1 5 | Amount \$100.00 |
| Full Name of Contributor WILLIAM A GOLDMAN Registration Number, if PAC | | | | |
| Street Address 500 S FRONT STREET STE 1200 | Employer/Occ | upation/Labor Organization* | | Form (Cash, Check, etc.) CHECK |
| City COLUMBUS | OH State | Zip Code 43215 | 0 7 0 1 1 5 | |
| Full Name of Contributor CHARLES WHARTON | | | Registration Number, if | PAC |
| Street Address 7845 COLUMBIA RD SW | Employer/Occ | upation/Labor Organization | | Form (Cash, Check, etc.) CHECK |
| City PATASKALA | State OH | Zip Code 43062 | 0 6 2 2 1 5 | ـــــــ |
| Full Name of Contributor MAJ GEN DAVID F MAC GHEE JR | | | Registration Number, if | |
| Street Address 5757 BULLRUSH CT | Employer/Occupation/Labor Organization | | | Form (Cash, Check, etc.) |
| City WESTERVILLE | State OH | Zip Code 43082 | 0 7 0 4 1 5 | |
| Full Name of Contributor JOSEPH W. DONOVAN | | | | |
| Street Address 1173 ROSEBANK DR | Employer/Oct | cupation/Labor Organization | | Form (Cash, Check, etc. CHECK |
| City WORTHINGTON | State OH | Zip Code 43235 | 0 7 0 8 1 | 5 S400.00 |

Page Total \$2,000.00

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)]