

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 J. RANDALL SCHOEDINGER						Registration Number, if PAC					
Street Address 2267 TREMONT ROAD			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK					
City COLUMBUS		State OH	Zip Code 43221		M 0	D 6	Y 2	Y 8	Y 1	Y 5	Amount \$500.00
Full Name of Contributor TERRI KEPES						Registration Number, if PAC					
Street Address 1640 SHELLEY COURT			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK					
City COLUMBUS		State OH	Zip Code 43235		M 0	D 6	Y 2	Y 8	Y 1	Y 5	Amount \$300.00
Full Name of Contributor DAVID ETZKORN						Registration Number, if PAC					
Street Address 1640 SHELLEY COURT			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK					
City COLUMBUS		State OH	Zip Code 43235		M 0	D 6	Y 2	Y 8	Y 1	Y 5	Amount \$300.00
Full Name of Contributor EDWIN OVERMAYER						Registration Number, if PAC					
Street Address 2480 STONEHAVEN PL			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check					
City COLUMBUS		State OH	Zip Code 43220		M 0	D 6	Y 2	Y 2	Y 1	Y 5	Amount \$100.00
Full Name of Contributor RANDALL E. JUNGE						Registration Number, if PAC					
Street Address 910 BLUFF RIDGE ROAD			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK					
City COLUMBUS		State OH	Zip Code 43235		M 0	D 6	Y 2	Y 6	Y 1	Y 5	Amount \$250.00
Full Name of Contributor JAMES KUNK						Registration Number, if PAC					
Street Address 7298 ROSEGATE PL			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK					
City DUBLIN		State OH	Zip Code 43017		M 0	D 6	Y 2	Y 4	Y 1	Y 5	Amount \$100.00
Full Name of Contributor						Registration Number, if PAC					
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)					
City		State	Zip Code		M	D	Y	Y	Y	Y	Amount
Full Name of Contributor COLLEEN STALF						Registration Number, if PAC					
Street Address 1022 RIVER RD.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK					
City OSTRANDER		State OH	Zip Code 43061		M 0	D 7	Y 2	Y 2	Y 1	Y 5	Amount \$1,000.00

* 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)]

Page Total **\$2,550.00**