

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>COMMITTEE FOR THE COLUMBUS ZOO LEVY</b>						
Full Name of Contributor <b>JOHN E ZIMMERMAN</b>					Registration Number, if PAC	
Street Address <b>7272 MACBETH DR</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>DUBLIN</b>	State <b>OH</b>	Zip Code <b>43016</b>	M <b>0</b>	D <b>6</b>	Y <b>3</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>SUPERIOR BEVERAGE CORP</b>					Registration Number, if PAC	
Street Address <b>871 MICHIGAN AVE</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>	M <b>0</b>	D <b>7</b>	Y <b>0</b>	Amount <b>\$1,000.00</b>
Full Name of Contributor <b>WILLIAM C WOLFE</b>					Registration Number, if PAC	
Street Address <b>766 BLUFFVIEW DR</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43235</b>	M <b>0</b>	D <b>7</b>	Y <b>1</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>ROBERT P POWERS</b>					Registration Number, if PAC	
Street Address <b>749 WOODS HOLLOW LANE</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>POWELL</b>	State <b>OH</b>	Zip Code <b>43065</b>	M <b>0</b>	D <b>7</b>	Y <b>1</b>	Amount <b>\$200.00</b>
Full Name of Contributor <b>TIMOTHY R MAY</b>					Registration Number, if PAC	
Street Address <b>5247 REDDINGTON DR</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>DUBLIN</b>	State <b>OH</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>7</b>	Y <b>1</b>	Amount <b>\$250.00</b>
Full Name of Contributor <b>LARRY ABBOTT</b>					Registration Number, if PAC	
Street Address <b>4966 RIVERSIDE DRIVE</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43220</b>	M <b>0</b>	D <b>7</b>	Y <b>0</b>	Amount <b>\$250.00</b>
Full Name of Contributor <b>IDA COPENHAVER</b>					Registration Number, if PAC	
Street Address <b>2448 EDINGTON RD</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43221</b>	M <b>0</b>	D <b>7</b>	Y <b>1</b>	Amount <b>\$300.00</b>
Full Name of Contributor <b>DIANA K BLESSING</b>					Registration Number, if PAC	
Street Address <b>4086 HANOVER SQ DR</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>DUBLIN</b>	State <b>OH</b>	Zip Code <b>43016</b>	M <b>0</b>	D <b>7</b>	Y <b>1</b>	Amount <b>\$250.00</b>

\* 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)]