

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 CHARLES RODENFELS						Registration Number, if PAC				
Street Address 448 NATIONWIDE BLVD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK			
City COLUMBUS		State OH	Zip Code 43215		M 0	D 6	Y 1	Y 8	Y 1	Amount \$500.00
Full Name of Contributor SALLY CURLEY						Registration Number, if PAC				
Street Address 9035 ESIN COURT			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK			
City POWELL		State OH	Zip Code 43065		M 0	D 6	Y 1	Y 8	Y 1	Amount \$500.00
Full Name of Contributor KEITH SHUMATE						Registration Number, if PAC				
Street Address 10807 WINCHOMBE DRIVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK			
City DUBLIN		State OH	Zip Code 43016		M 0	D 6	Y 1	Y 7	Y 1	Amount \$1,250.00
Full Name of Contributor SUSAN D. RECTOR						Registration Number, if PAC				
Street Address 67 EAST DESHLER AVENUE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check			
City COLUMBUS		State OH	Zip Code 43206		M 0	D 6	Y 1	Y 7	Y 1	Amount \$500.00
Full Name of Contributor JAMES H. BALTHASER						Registration Number, if PAC				
Street Address 7679 COOK ROAD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK			
City POWELL		State OH	Zip Code 43065		M 0	D 6	Y 1	Y 7	Y 1	Amount \$500.00
Full Name of Contributor NORMA DODGE						Registration Number, if PAC				
Street Address 5011 HEATHMOOR DRIVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK			
City COLUMBUS		State OH	Zip Code 43220		M 0	D 6	Y 1	Y 9	Y 1	Amount \$200.00
Full Name of Contributor THOMAS E. CARPENTER						Registration Number, if PAC				
Street Address 235 PARTRIDGE BEND			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK			
City POWELL		State OH	Zip Code 43065		M 0	D 6	Y 2	Y 0	Y 1	Amount \$250.00
Full Name of Contributor JOLENE HICKMAND						Registration Number, if PAC				
Street Address 329 LENAPPE DRIVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK			
City COLUMBUS		State OH	Zip Code 43214		M 0	D 6	Y 2	Y 2	Y 1	Amount \$750.00

* 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 **\$4,450.00**