

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						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	0	7	2	4	1	5	\$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	0	7	1	9	1	5	\$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	0	7	2	9	1	5	\$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	0	8	1	2	1	5	\$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	0	8	1	1	1	5	\$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	0	8	0	9	1	5	\$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	0	8	1	0	1	5	\$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	0	8	0	8	1	5	\$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)]