

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 BAKER VEHICLE SYSTEMS						Registration Number, if PAC			
Street Address 9035 FREEWAY DR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City MACEDONNA		State OH		Zip Code 44056		M 0		D 7	
						Y 1		Y 5	
Amount \$100.00									
Full Name of Contributor BRIAN C. CAMPBELL						Registration Number, if PAC			
Street Address 1960 CHATFIELD RD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State OH		Zip Code 43221		M 0		D 7	
						Y 1		Y 5	
Amount \$100.00									
Full Name of Contributor KATHRYN KOBLENTZ						Registration Number, if PAC			
Street Address 2205 FAIRFAX RC			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State OH		Zip Code 43221		M 0		D 7	
						Y 1		Y 5	
Amount \$50.00									
Full Name of Contributor SUPPLY ONE						Registration Number, if PAC			
Street Address 26401 RICHMOND ROAD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City CLEVELAND		State OH		Zip Code 44146		M 0		D 7	
						Y 2		Y 1	
Amount \$1,250.00									
Full Name of Contributor DORIS CALLOWAY MOORE						Registration Number, if PAC			
Street Address 883 SCHILLINGWOOD DR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City GAHANNA		State OH		Zip Code 43230		M 0		D 7	
						Y 2		Y 8	
Amount \$1,000.00									
Full Name of Contributor THOMAS HEIBY						Registration Number, if PAC			
Street Address 2250 LANE WOODS DR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State OH		Zip Code 43221		M 0		D 7	
						Y 2		Y 8	
Amount \$500.00									
Full Name of Contributor CHARLES LEWIS GREENE						Registration Number, if PAC			
Street Address 4479 CLARK SHAW ROAD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City POWELL		State OH		Zip Code 43065		M 0		D 7	
						Y 2		Y 4	
Amount \$300.00									
Full Name of Contributor GORDON JABLONKA						Registration Number, if PAC			
Street Address 2400 MILLIGAN CI			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City GROVE CITY		State OH		Zip Code 43123		M 0		D 7	
						Y 2		Y 9	
Amount \$250.00									

* 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 **\$3,550.00**