

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 JILL BILLMAN ROYER							Registration Number, if PAC			
Street Address BURGES & BURGES - 26100 LAKE SHORE DRIVE				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC			
City CLEVELAND		State OH	Zip Code 44132		M 0	D 6	Y 1	Y 9	Y 1	Y 5
Amount \$5.00										
Full Name of Contributor WILLIAM GROVE							Registration Number, if PAC			
Street Address 8 ON THE SQUARE #1701				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC			
City COLUMBUS		State OH	Zip Code 43215		M 0	D 6	Y 1	Y 9	Y 1	Y 5
Amount \$500.00										
Full Name of Contributor VANESSA ARNOLD							Registration Number, if PAC			
Street Address 3020 DALE AVE				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC			
City COLUMBUS		State OH	Zip Code 43209		M 0	D 6	Y 1	Y 8	Y 1	Y 5
Amount \$100.00										
Full Name of Contributor SEAN MENDEL							Registration Number, if PAC			
Street Address 100 SOUTH FOURTH STREET STE 100				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City COLUMBUS		State OH	Zip Code 43215		M 0	D 9	Y 0	Y 8	Y 1	Y 5
Amount \$100.00										
Full Name of Contributor SUZANNE LUCCI							Registration Number, if PAC			
Street Address PO BOX 400				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City POWELL		State OH	Zip Code 43065		M 0	D 9	Y 0	Y 8	Y 1	Y 5
Amount \$50.00										
Full Name of Contributor THOMAS POORMAN							Registration Number, if PAC			
Street Address 205 N 5TH STREET				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City ZANESVILLE		State OH	Zip Code 43701		M 0	D 9	Y 0	Y 8	Y 1	Y 5
Amount \$200.00										
Full Name of Contributor THOMAS ROSOL							Registration Number, if PAC			
Street Address 703 OLD SETTLER PL				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC			
City COLUMBUS		State OH	Zip Code 43214		M 0	D 9	Y 0	Y 8	Y 1	Y 5
Amount \$100.00										
Full Name of Contributor CAREY SCHMITT							Registration Number, if PAC			
Street Address 447 EAST MAIN ST.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC			
City COLUMBUS		State OH	Zip Code 43215		M 0	D 9	Y 0	Y 8	Y 1	Y 5
Amount \$100.00										

* 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)]