

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Zollars 4 Council							
Full Name Pat Zollars				Registration Number, if PAC			
Address 6928 Retton		Type* LN			M 03	D 10	Y 15
City Reynoldsburg		State OH	Zip Code 43068		Form (Cash, Check, etc.) transfer		
Amount 200.00							
Full Name Pat Zollars							
Address 6928 Retton Rd				Registration Number, if PAC			
City Reynoldsburg		Type* LN			M 04	D 11	Y 15
State OH		Zip Code 43068		Form (Cash, Check, etc.)			Amount 200.00
Full Name							
Address				Registration Number, if PAC			
City		Type*			M	D	Y
State		Zip Code		Form (Cash, Check, etc.)			Amount
Full Name							
Address				Registration Number, if PAC			
City		Type*			M	D	Y
State		Zip Code		Form (Cash, Check, etc.)			Amount
Full Name							
Address				Registration Number, if PAC			
City		Type*			M	D	Y
State		Zip Code		Form (Cash, Check, etc.)			Amount
Full Name							
Address				Registration Number, if PAC			
City		Type*			M	D	Y
State		Zip Code		Form (Cash, Check, etc.)			Amount
Full Name							
Address				Registration Number, if PAC			
City		Type*			M	D	Y
State		Zip Code		Form (Cash, Check, etc.)			Amount
Full Name							
Address				Registration Number, if PAC			
City		Type*			M	D	Y
State		Zip Code		Form (Cash, Check, etc.)			Amount

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.