31-J	-
R.C.	3517,10

Page _5_

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full							
COMMITTEE FOR THE 2014 COLUMBUS 2	1						
Full Name of Contributor THE COLUMBUS ZOOLOGICAL PARK ASSOCIATION	Employer, Occup	Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address 4850 POWELL ROAD	Description of Item or Service LOAN FORGIVENESS		1 0	2 4 1	Fair Market Value 4 \$43,339.52		
City POWELL	State OH;	Received at Fundraising Event?					
Full Name of Contributor	•	• •		O YES O NO Registration Number, if PAC			
Pull Name of Contributor	Employer, Occupation, Labor Organization*						
Street Address	Description of Item or Service		M		Fair Market Value		
City	State OH	Zip Code	Received	at Fundrais	ing Event?		
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC				
	<u> </u>						
Street Address	Description of Ite	n or Service	M		Fair Market Value		
City	Sta te	Zip Code	Received	at Fundrais	ing Event?		
·	OH;		OYES		O NO		
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, of PAC				
			M	D	Yi Fair Market Value		
Street Address	Description of Iter						
City	Stat te	Zip Code	Received	l at Fundrais	ing Event?		
	OH:	OH:		OYES O NO			
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC				
Street Address	Description of Hem or Service		M	D	Fair Market Value		
City	Starte	Zip Code	Received	at Fundrais	ing Event?		
Cuy	OH						
	Employer, Occupation, Labor Organization*		O YES O NO Registration Number, if PAC				
Fell Name of Contributor	Employer, Occup	ence, casor Organization	Kigisus				
Street Address	Description of Ite	n or Service	M		Y Fair Market Value		
City	State OH	Zip Code		at Fundrais			
Full Name of Contributor		nation, Labor Organization*	Registrat	tion Number	O NO		
Full Name of Contributor	!	_					
Street Address	Description of Ite	Description of Item or Service			Fair Market Value		
City	Sta te OH	1 _ '1 1 '		Received at Fundraising Event? OYES O NO			
Full Name of Contributor		Employer, Occupation, Labor Organization* Registration Number, if PAC					
Street Address	Description of Item or Service		М		Y Fair Market Value		
City	State	Zip Code	Receiver	d at Fundrai	sing Event?		
	ОН		Oves	s	O NO		

Page Total \$43,339.52

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]