## Statement of Other Income



Prescribed by Secretary of State 2/01

Name of Commutee to Full	1		
COMMITTEE FOR THE 2014 COLUMBL	JS ZOO LEVY		
Full Name VOLDED CHECK - THE COLUMBUS ZOOLO	GIAL PARK AS	SOCIATION	Registration Number, if PAC
Address 4850 POWELL ROAD	Type*		0 6 1 4 1 4 \$170,000.00
City POWELL	Seale OH	Zip Code 43065	Form (Cash, Check, etc.) CHECK
Full Name	Į.		Registration Number, if PAC
Address	Type*	:	M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	1		Registration Number, if PAC
Address	Type*		M D Y Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type* RE		M D Y Amount
City	OH State	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	RE		M D Y Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	RE		M D ) Amount
City	OH Spirite	Zip Code	Registration Number, if PAC
Full Name	i 		
Address	RE Inde	-	M D Y Amount
City	OH State	Zip Code	Registration Number, if PAC
Full Name			M D Y Amount
Address	RE State	Zip Code	Form (Cash, Check, etc.)
City	OH State	Zip Cook	I SHALL IN MARKS IN THE WAY BEING

170,000.00 Page Total \$

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 of interest income earned by the committee. SA for the sale of committee assets, or LN for payments received on a loan made.