

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee or Full					
COMMITTEE FOR THE 2014 COLUMBUS ZOO LEVY					
Full Name VOIDED CHECK - THE COLUMBUS ZOOLOGICAL PARK ASSOCIATION				Registration Number, if PAC	
Address 4850 POWELL ROAD		Type* RE		M   D   Y 0   6   1   4   1   4	Amount \$170,000.00
City POWELL		State OH	Zip Code 43065	Form (Cash, Check, etc.) CHECK	
Full Name					
Registration Number, if PAC					
Address		Type*		M   D   Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)	
Full Name					
Registration Number, if PAC					
Address		Type*		M   D   Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)	
Full Name					
Registration Number, if PAC					
Address		Type*		M   D   Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)	
Full Name					
Registration Number, if PAC					
Address		Type*		M   D   Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)	
Full Name					
Registration Number, if PAC					
Address		Type*		M   D   Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)	
Full Name					
Registration Number, if PAC					
Address		Type*		M   D   Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)	
Full Name					
Registration Number, if PAC					
Address		Type*		M   D   Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)	

\* 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.

170,000.00  
Page Total \$