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Statement of Other Income

Prescribed by Secretary of State 2/01

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Name of Committee in Full								
Friends of Metro Parks				ion N	ber, if PA	C	***************************************	
Full Name			registrat	ion numl	ы, пРА	·		
Huntington National Bank	T*		М	D	Y	Amount		
Address 41 South High Street	Type*		$\begin{bmatrix} M \\ 0 & 1 \end{bmatrix}$	2 7	1	Zunoun	120.00	
City	State	Zip Code	Form(Cash,Check,etc)					
Columbus	$O \mid H$	43215	Acct credit					
Full Name	ONCORPORACIONAL		Registration Number, if PAC					
Address	Type*		М	D	Y	Amount		
City	State	Zip Code	Form(Ca	sh,Check	,etc)			
ull Name				Registration Number, if PAC				
Address	Type*		М	D 	Y	Amount		
City	State	Zip Code	Fоrm(Ca	sh,Check	,etc)			
Full Name				Registration Number, if PAC				
Address	Type*		M	D	Y	Amount		
City	State	Zip Code	Form(Ca	sh,Check	etc)			
Full Name				Registration Number, if PAC				
Address	Type*		M	D	Y	Amount	\$2000 SQ (1000 SQ (10	
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(Ca					
Full Name				Registration Number, if PAC				
Address	Type*		M	D	Y	Amount		
City	State	Zip Code	Form(Ca					
Full Name	A A STATE OF THE S		Registration Number, if PAC					
Address	Type*	AMPRICANT STREET	M	D		Amount		
City	State	Zip Code	Form(Ca	sh,Check	(,etc)			

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

Page Total \$ ____120.00_

^{*} 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, place the letters IN for any investment or interest income earned by the committee,