

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Friends of Metro Parks							
Full Name				Registration Number, if PAC			
Huntington National Bank							
Address	Type*		M	D	Y	Amount	
41 South High Street	I N		0 7	3 1	1 3	0.43	
City	State	Zip Code	Form (Cash, Check, etc)				
Columbus	O H	43215	Acct credit				
Full Name				Registration Number, if PAC			
Huntington National Bank							
Address	Type*		M	D	Y	Amount	
41 South High Street	I N		0 8	2 8	1 3	0.37	
City	State	Zip Code	Form (Cash, Check, etc)				
Columbus	O H	43215	Acct credit				
Full Name				Registration Number, if PAC			
Final adjustment for clerical error on original BOE filing							
Address	Type*		M	D	Y	Amount	
N/A			1 2	3 1	1 3	80.54	
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, place the letters 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.