

FILED

# Ohio Campaign Finance Report

10 JUL 28 PM 2:13

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY  
BOARD OF ELECTIONS

Full Name of Committee <b>Friends of Metro Parks</b>						Registration Number, if PAC N/A			
Full Name of Candidate N/A									
Street Address <b>1155 Woodman Drive</b>					Office Sought N/A		District N/A		
City <b>Worthington</b>						State O   H	Zip Code <b>43085</b>		
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year
	July Monthly		August Monthly		September Monthly		Termination		X Semiannual 6/2010
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election			M   D   Y 0   5   0   5   0   9

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 13,414.86
2. Total monetary contributions (From Form No. 31-A)	\$ 0.00
3. Total other income (From Form No. 31-A-2)	\$ 120.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 13,534.86
5. Total monetary expenditures (From Form No. 31-B)	\$ 20.00
6. Balance on hand (line 4 minus line 5)	\$ 13,514.86
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$
9. Outstanding loans owed by committee (From Form No. 31-C)	\$
10. Outstanding debts owed by committee (From Form No. 31-N)	\$
11. Outstanding loans owed to committee (From Form No. 31-K)	\$
12. Value of independent expenditures made (From Form No. 31-U)	\$
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	\$

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

**J. B. Hadden, Treasurer**

*J. B. Hadden*

7/27/10

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 0

Expenditure pages 1

Other pages 3

Total pages 4

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Friends of Metro Parks</b>					
Full Name <b>Huntington National Bank</b>			Registration Number, if PAC		
Address <b>41 South High Street</b>	Type* <b>R   E</b>		M <b>0</b>	D <b>1</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Acct credit</b>		Amount <b>120.00</b>
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount

\* 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.

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Friends of Metro Parks</b>										
To Whom Paid <b>Huntington National Bank</b>						M	D	Y	Amount <b>20.00</b>	
Address <b>41 South High Street</b>						Purpose <b>Monthly checking account fee</b>				
City <b>Columbus</b>			State <b>O   H</b>	Zip Code <b>43215</b>	Check Number <b>N/A</b>					
To Whom Paid						M	D	Y	Amount	
Address						Purpose				
City			State	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount	
Address						Purpose				
City			State	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount	
Address						Purpose				
City			State	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount	
Address						Purpose				
City			State	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount	
Address						Purpose				
City			State	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount	
Address						Purpose				
City			State	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount	
Address						Purpose				
City			State	Zip Code	Check Number					