

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED

07 DEC 14 AM 11:22

FRANKLIN COUNTY
Registration Number: IF PAC TIONS

Full Name of Committee Friends to Elect Perkins		Full Name of Candidate Carol L. Perkins	
Street Address 1580 Melrose Ave.		Office Sought Board of Education	District
City Columbus		State OH	Zip Code 43224
Type of Report (place X to the left of report type)	Pre-Primary	Post-Primary	Pre-General
	July	August	September
	Monthly	Monthly	Monthly
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Termination
Date of Election		M 11	D 06
		Y 07	

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	\$	9,802.00
2. Total monetary contributions (From Form No. 31-A)	\$	5,480.00
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	15,282.00
5. Total monetary expenditures (From Form No. 31-B)	\$	8,305.12
6. Balance on hand (line 4 minus line 5)	\$	6,976.88
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	15,256.02
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	500.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	0.00
13. For Electronic Filing Entities only	\$	0.00
Sum of lines 2, 7 and amount of any new loans received this period	\$	20,736.02

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.

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

E. DIANE McLENN

Contribution pages 3

Expenditure pages 1

Other pages 3

Total pages 8

12/14/07

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full									
Full Name of Contributor							Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*				Form (Cash/ <input checked="" type="checkbox"/> Check/etc.)		
City	State	Zip Code	M	D	Y	Amount			
Name of Committee in Full <i>Friends To Elect Perkins</i>									
Full Name of Contributor <i>Dwight Smith</i>							Registration Number, if PAC		
Street Address <i>2881 Swisher Creek Cross Ct</i>			Employer/Occupation/Labor Organization* <i>Self employed</i>				Form (Cash/ <input checked="" type="checkbox"/> Check/etc.)		
City <i>New Albany</i>	State <i>OH</i>	Zip Code <i>43054</i>	M <i>10</i>	D <i>22</i>	Y <i>07</i>	Amount <i>500.00</i>			
Name of Committee in Full <i>Friends To Elect Perkins</i>									
Full Name of Contributor <i>Nationwide Better Citizens Fund</i>							Registration Number, if PAC <i>OH 259</i>		
Street Address <i>One Nationwide Plaza</i>			Employer/Occupation/Labor Organization*				Form (Cash/ <input checked="" type="checkbox"/> Check/etc.)		
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43215</i>	M <i>10</i>	D <i>22</i>	Y <i>07</i>	Amount <i>2,000.00</i>			
Name of Committee in Full <i>Friends To Elect Perkins</i>									
Full Name of Contributor <i>James E. Daley</i>							Registration Number, if PAC		
Street Address <i>4300 Auburn Road</i>			Employer/Occupation/Labor Organization* <i>Self employed</i>				Form (Cash/ <input checked="" type="checkbox"/> Check/etc.)		
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43221</i>	M <i>10</i>	D <i>22</i>	Y <i>07</i>	Amount <i>100.00</i>			
Name of Committee in Full <i>Friends To Elect Perkins</i>									
Full Name of Contributor <i>Mary Hession</i>							Registration Number, if PAC		
Street Address <i>4295 Meadowview Ct</i>			Employer/Occupation/Labor Organization* <i>Retired</i>				Form (Cash/ <input checked="" type="checkbox"/> Check/etc.)		
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43224</i>	M <i>10</i>	D <i>27</i>	Y <i>07</i>	Amount <i>25.00</i>			
Name of Committee in Full <i>Friends To Elect Perkins</i>									
Full Name of Contributor <i>Mary Thomas</i>							Registration Number, if PAC		
Street Address <i>2343 The Cutcherson Rd</i>			Employer/Occupation/Labor Organization* <i>Retired</i>				Form (Cash/ <input checked="" type="checkbox"/> Check/etc.)		
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43219</i>	M <i>10</i>	D <i>27</i>	Y <i>07</i>	Amount <i>50.00</i>			
Name of Committee in Full <i>Friends To Elect Perkins</i>									
Full Name of Contributor <i>Luke Jack</i>							Registration Number, if PAC		
Street Address <i>6880 Worthington Rd</i>			Employer/Occupation/Labor Organization* <i>Retired</i>				Form (Cash/ <input checked="" type="checkbox"/> Check/etc.)		
City <i>Westerville, Ohio</i>	State <i>OH</i>	Zip Code <i>43082</i>	M <i>10</i>	D <i>24</i>	Y <i>07</i>	Amount <i>150.00</i>			
Name of Committee in Full <i>Friends To Elect Perkins</i>									
Full Name of Contributor <i>Jacqueline Utter</i>							Registration Number, if PAC		
Street Address <i>2899 Dresden St</i>			Employer/Occupation/Labor Organization* <i>State Administrator</i>				Form (Cash/ <input checked="" type="checkbox"/> Check/etc.)		
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43224</i>	M <i>10</i>	D <i>28</i>	Y <i>07</i>	Amount <i>\$200.00</i>			
Name of Committee in Full <i>Friends To Elect Perkins</i>									
Full Name of Contributor <i>James Kurk</i>							Registration Number, if PAC		
Street Address <i>7298 Raquette River</i>			Employer/Occupation/Labor Organization* <i>Berk official</i>				Form (Cash/ <input checked="" type="checkbox"/> Check/etc.)		
City <i>Auburn</i>	State <i>OH</i>	Zip Code <i>43017</i>	M <i>10</i>	D <i>22</i>	Y <i>07</i>	Amount <i>200.00</i>			

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full							
Full Name of Contributor <i>Kathleen D. D'Arcy</i>							Registration Number, if PAC
Street Address <i>221 College Drive</i>				Employer/Occupation/Labor Organization*			Form (Cash, <input checked="" type="checkbox"/> Check, etc.)
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43214</i>	M <i>10</i>	D <i>30</i>	Y <i>07</i>	Amount <i>30.00</i>	
Full Name of Contributor <i>Louise M. Mathys</i>							Registration Number, if PAC
Street Address <i>1203 Shurell Rd</i>				Employer/Occupation/Labor Organization* <i>Retired Librarian</i>			Form (Cash, <input checked="" type="checkbox"/> Check, etc.)
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43219</i>	M <i>10</i>	D <i>30</i>	Y <i>07</i>	Amount <i>50.00</i>	
Full Name of Contributor <i>Margaret S. Oyley</i>							Registration Number, if PAC
Street Address <i>298 Brewort Rd</i>				Employer/Occupation/Labor Organization*			Form (Cash, <input checked="" type="checkbox"/> Check, etc.)
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43214</i>	M <i>10</i>	D <i>30</i>	Y <i>07</i>	Amount <i>25.00</i>	
Full Name of Contributor <i>Corwin Gibbs</i>							Registration Number, if PAC
Street Address <i>6219 Bunkerhill Dr</i>				Employer/Occupation/Labor Organization* <i>Traffic Manager</i>			Form (Cash, <input checked="" type="checkbox"/> Check, etc.)
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43213</i>	M <i>11</i>	D <i>01</i>	Y <i>07</i>	Amount <i>\$80.00</i>	
Full Name of Contributor <i>Helen Giehrst</i>							Registration Number, if PAC
Street Address <i>340 Linwood Ave</i>				Employer/Occupation/Labor Organization* <i>Exec Administrative Asst.</i>			Form (Cash, <input checked="" type="checkbox"/> Check, etc.)
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43203</i>	M <i>10</i>	D <i>23</i>	Y <i>07</i>	Amount <i>100.00</i>	
Full Name of Contributor <i>Helen Giehrst</i>							Registration Number, if PAC
Street Address <i>340 Linwood Ave</i>				Employer/Occupation/Labor Organization* <i>Exec Admin. Asst.</i>			Form (<input checked="" type="checkbox"/> Cash, <input checked="" type="checkbox"/> Check, etc.)
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43203</i>	M <i>10</i>	D <i>23</i>	Y <i>07</i>	Amount <i>\$200.00</i>	
Full Name of Contributor <i>Ann Peter</i>							Registration Number, if PAC
Street Address <i>2071 Jane Ave</i>				Employer/Occupation/Labor Organization* <i>Purchasing Director</i>			Form (Cash, <input checked="" type="checkbox"/> Check, etc.)
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43219</i>	M <i>11</i>	D <i>01</i>	Y <i>07</i>	Amount <i>50.00</i>	
Full Name of Contributor <i>Patricia E. Bregory</i>							Registration Number, if PAC
Street Address				Employer/Occupation/Labor Organization* <i>Nurse</i>			Form (Cash, <input checked="" type="checkbox"/> Check, etc.)
City	State <i>OH</i>	Zip Code	M	D	Y	Amount <i>200.00</i>	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

\$755

Statement of Contributions Received

Prescribed by Secretary of State 03-05

Name of Committee in Full		Registration Number, if PAC	
Guards To Elect Perkins			
Full Name of Contributor Richard M. Crockett		Form (Cash, Check, etc.) 1000.00	
Street Address 8599 Swisher Creek Cross	Employer/Occupation/Labor Organization Fruit owner	Amount	
City New Albany	State OH	Zip Code 43054	M D Y 11 01 07
Full Name of Contributor Jorgis K. Shatwell		Registration Number, if PAC	
Street Address 7318 S. Murrayfield Dr		Form (Cash, Check, etc.)	
Employer/Occupation/Labor Organization Admin. Asst		Amount	
City Worthington, Ohio	State OH	Zip Code 43085	M D Y 11 01 07
Full Name of Contributor Andrea C. Hawthorne - Press		Registration Number, if PAC	
Street Address 3900 Seabury Ct		Form (Cash, Check, etc.)	
Employer/Occupation/Labor Organization Helm Res. Mgr		Amount	
City Gahanna	State OH	Zip Code 43230	M D Y 10 29 07
Full Name of Contributor Marta Rutlett		Registration Number, if PAC	
Street Address 8500 Reynoldswood Dr		Form (Cash, Check, etc.)	
Employer/Occupation/Labor Organization Sales employ		Amount	
City Reynoldsburg	State OH	Zip Code 43068	M D Y 10 29 07
Full Name of Contributor		Registration Number, if PAC	
Street Address		Form (Cash, Check, etc.)	
Employer/Occupation/Labor Organization		Amount	
City	State OH	Zip Code	M D Y
Full Name of Contributor		Registration Number, if PAC	
Street Address		Form (Cash, Check, etc.)	
Employer/Occupation/Labor Organization		Amount	
City	State OH	Zip Code	M D Y
Full Name of Contributor		Registration Number, if PAC	
Street Address		Form (Cash, Check, etc.)	
Employer/Occupation/Labor Organization		Amount	
City	State OH	Zip Code	M D Y

Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page Total **\$0.00**
\$1,500

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends to Elect Perkins									
To Whom Paid U.S. Postal Service						M	D	Y	Amount
						10	24	07	1,500.00
Address				Purpose					
				postage					
City		State	Zip Code	Check Number					
				533					
To Whom Paid Franklin County Democratic Party						M	D	Y	Amount
						10	26	07	1,000.00
Address				Purpose					
271 East State St.				radio buy					
City		State	Zip Code	Check Number					
Columbus		OH	43215	534					
To Whom Paid Franklin County Democratic Party						M	D	Y	Amount
						10	29	07	802.64
Address				Purpose					
271 East State St.				radio buy					
City		State	Zip Code	Check Number					
Columbus		OH	43215						
To Whom Paid Franklin County Democratic Party						M	D	Y	Amount
						10	31	07	5,000.00
Address				Purpose					
271 East State St.				direct mail					
City		State	Zip Code	Check Number					
Columbus		OH	43215	535					
To Whom Paid Fed Ex Kinkos #15						M	D	Y	Amount
						10	25	07	2.48
Address				Purpose					
City		State	Zip Code	Check Number					
Columbus		OH		debit card					
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					

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends to Elect Perkins				Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Full Name of Contributor Franklin County Democratic Party				Description of Item or Service Newspaper Ad		M D Y	Fair Market Value
Street Address 271 E. State St.				State OH	Zip Code 43215	1 0 2 6 0 7	1,798.73
City Columbus				Received at Fundraising Event?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor				Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Street Address				Description of Item or Service		M D Y	Fair Market Value
City				State	Zip Code	Received at Fundraising Event?	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor				Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Street Address				Description of Item or Service		M D Y	Fair Market Value
City				State	Zip Code	Received at Fundraising Event?	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor				Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Street Address				Description of Item or Service		M D Y	Fair Market Value
City				State	Zip Code	Received at Fundraising Event?	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor				Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Street Address				Description of Item or Service		M D Y	Fair Market Value
City				State	Zip Code	Received at Fundraising Event?	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor				Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Street Address				Description of Item or Service		M D Y	Fair Market Value
City				State	Zip Code	Received at Fundraising Event?	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor				Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Street Address				Description of Item or Service		M D Y	Fair Market Value
City				State	Zip Code	Received at Fundraising Event?	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor				Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Street Address				Description of Item or Service		M D Y	Fair Market Value
City				State	Zip Code	Received at Fundraising Event?	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

In-Kind Contributions Received

Prescribed by Secretary of State 2/01.

Name of Committee in Full Carol Perkins for Columbus School Board			
Full Name of Contributor Ohio Democratic Party		Employer, Occupation, Labor Organization *	
Street Address 271 E State St		Description of Item or Service Postage	
City Columbus		M D Y Fair Market Value 1 0 3 0 0 7 2,257.29	
State Zip Code O H 43215		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Ohio Democratic Party		Employer, Occupation, Labor Organization *	
Street Address 271 E State St		Description of Item or Service Production Costs	
City Columbus		M D Y Fair Market Value 1 0 3 1 0 7 11,200.00	
State Zip Code O H 43215		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		M D Y Fair Market Value	
State Zip Code		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		M D Y Fair Market Value	
State Zip Code		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		M D Y Fair Market Value	
State Zip Code		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		M D Y Fair Market Value	
State Zip Code		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		M D Y Fair Market Value	
State Zip Code		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		M D Y Fair Market Value	
State Zip Code		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	

* Required for contributions from individual over \$100 to statewide and General Assembly candidates. IF contributor is self-employed, occupaton rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear.
[R.C. 3517.10(B)(4)]