

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED

07 DEC 14 PM 3:42

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Friends for Paul Bingle							Registration Number, if PAC			
Full Name of Candidate Paul D Bingle										
Street Address 408 E Schreyer Pl					Office Sought City Council Member			District Columbus		
City Columbus					State O H		Zip Code 43214			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year	
	July		August		September		Termination		Semiannual	
	Monthly		Monthly		Monthly		Termination			
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
						1 1 0 6 0 7				

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	\$ 4,016.81
2. Total monetary contributions (From Form No. 31-A)	\$
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 4,016.81
5. Total monetary expenditures (From Form No. 31-B)	\$ 3,678.12
6. Balance on hand (line 4 minus line 5)	\$ 338.69
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)	\$ 6,500.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 894.25
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

LINDA PAUL
Print Name and Title (Treasurer and Deputy Treasurer only)

[Signature]
Signature

12/14/07
Date

Contribution pages

Expenditure pages 1

Other pages 3

Total pages 4

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends for Paul Bingle									
To Whom Paid Kevin Bingle						M	D	Y	Amount
						1	1	0	200.00
Address 3076 Scioto Trace			Purpose Consulting						
City Columbus		State O H	Zip Code 43221	Check Number 1053					
To Whom Paid Paul Bingle						M	D	Y	Amount
						1	1	0	2,643.83
Address 408 E Schreyer Pl			Purpose Reimburse Expenses						
City Columbus		State O H	Zip Code 43214	Check Number 1054					
To Whom Paid Linda Paul						M	D	Y	Amount
						1	1	0	570.74
Address 408 E Schreyer Pl			Purpose Reimburse Expenses						
City Columbus		State O H	Zip Code 43214	Check Number 1055					
To Whom Paid ATT Payment Center						M	D	Y	Amount
						1	1	0	55.39
Address PO Box 8100			Purpose Telephone & Internet Service						
City Aurora		State I L	Zip Code 60507	Check Number 1056					
To Whom Paid Custom Sign						M	D	Y	Amount
						1	1	1	208.16
Address 3200 Valleyview Dr			Purpose Remove Car Decal						
City Columbus		State O H	Zip Code 43204	Check Number 1057					
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					

Statement of Loans Received

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Full Name of Committee Friends for Paul Bingle									
From Whom Received Linda Paul						Prior Amount 5,500.00		Amt. Incurred this Period 0.00	
Address 408 E Schreyer Pl								Outstanding Balance 5,500.00	
City Columbus		State OH	Zip Code 43214		Loans Received This Period		Payments This Period		
					Date		Date		Amount
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	
0 3 1 0 0 7									
Registration Number, if PAC					M	D	Y		
Employer/Occupation/Labor Organization*					M	D	Y		
From Whom Received Paul Bingle						Prior Amount 1,000.00		Amt. Incurred this Period 0.00	
Address 408 E Schreyer Pl								Outstanding Balance 1,000.00	
City Columbus		State OH	Zip Code 43214		Loans Received This Period		Payments This Period		
					Date		Date		Amount
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	
0 8 2 2 0 7									
Registration Number, if PAC					M	D	Y		
Employer/Occupation/Labor Organization*					M	D	Y		
From Whom Received						Prior Amount		Amt. Incurred this Period	
Address								Outstanding Balance	
City		State	Zip Code		Loans Received This Period		Payments This Period		
					Date		Date		Amount
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
Employer/Occupation/Labor Organization*					M	D	Y		

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate 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)

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 6,500.00
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 6,500.00 (To Form No. 30-A)

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee Friends for Paul Bingle																
To Whom Owed Paul Bingle						Prior Amount 2,643.83		Amt. Incurred this Period 894.25								
Address 408 E Schreyer Pl.						Item or Purpose for Debt Support Activities		Outstanding Balance 894.25								
City Columbus				State OH		Zip Code 43214		Payments Made This Period								
						Date		Amount								
Date Debt was originally Incurred				M	D	Y	M	D	Y	\$						
				0	2	0	5	0	7	1	1	0	2	0	7	2,643.83
Registration Number, if PAC						M	D	Y								
						M	D	Y								
To Whom Owed						Prior Amount		Amt. Incurred this Period								
Address						Item or Purpose for Debt		Outstanding Balance								
City				State		Zip Code		Payments Made This Period								
						Date		Amount								
Date Debt was originally Incurred				M	D	Y	M	D	Y	\$						
Registration Number, if PAC						M	D	Y								
						M	D	Y								
To Whom Owed						Prior Amount		Amt. Incurred this Period								
Address						Item or Purpose for Debt		Outstanding Balance								
City				State		Zip Code		Payments Made This Period								
						Date		Amount								
Date Debt was originally Incurred				M	D	Y	M	D	Y	\$						
Registration Number, if PAC						M	D	Y								
						M	D	Y								

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 2,643.83 (also record on Form 31-B)
 Total Outstanding Balance \$ 894.25 (also record on cover page)

Paul Bingle: Personal Reimbursable Expenses

Friends for Paul Bingle

Date	Amount	Vendor	Item	How
11/1/2007	\$ 11.07	Dialing Services, LLC	Voter calls	PB MasterCard
11/2/2007	\$ 814.15	Dialing Services, LLC	Voter calls	PB MasterCard
11/21/2007	\$ 11.95	Yahoo	Website	PB Visa
11/27/2007	\$ 57.08	Verizon Wireless	Cell Phone/PDA	PB Visa
\$ 894.25		<i>Post General Report Period</i>		

Paul Bingle 12.14.07