

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

07 NOV -1 PM 1:50

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			
(Election Period Communication Disclosure Stmt)											
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		X 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	\$	3,010.72
2. Total monetary contributions (From Form No. 31-A)	\$	2,730.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	5,740.72
5. Total monetary expenditures (From Form No. 31-B)	\$	1,723.91
6. Balance on hand (line 4 minus line 5)	\$	4,016.81
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	0.00
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)	\$	3,214.57
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, Treasurer
Print Name and Title (Treasurer and Deputy Treasurer only)

[Signature]
Signature

11/1/07
Date

Contribution pages 1

Expenditure pages 1

Other pages 4

Total pages 6

Statement of Contributions Received

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Name of Committee in Full Friends for Paul Bingle							
Full Name of Contributor Nancy Wilkes					Registration Number, if PAC		
Street Address 1000 Urlin Ave #1019			Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43212	M 1 0	D 1 8	Y 0 7	Amount 50.00
Full Name of Contributor Susan Kyser					Registration Number, if PAC		
Street Address 201 Montrose Way			Employer/Occupation/Labor Organization* Childrens Hospital			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43214	M 1 0	D 1 8	Y 0 7	Amount 100.00
Full Name of Contributor Elizabeth Hubbard					Registration Number, if PAC		
Street Address 90 E Longview Ave			Employer/Occupation/Labor Organization* Ohio State University			Form (Cash, Check, etc.) PayPal	
City Columbus		State O H	Zip Code 43202	M 1 0	D 2 9	Y 0 7	Amount 50.00
Full Name of Contributor Franklin County Republican Party					Registration Number, if PAC		
Street Address 14 E Gay St, 2nd Fl			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43215	M 1 0	D 2 9	Y 0 7	Amount 2,400.00
Full Name of Contributor Lynda Long					Registration Number, if PAC		
Street Address 6019 S Old State			Employer/Occupation/Labor Organization* Realtor			Form (Cash, Check, etc.) Check	
City Lewis Center		State O H	Zip Code 43035	M 1 0	D 3 1	Y 0 7	Amount 50.00
Full Name of Contributor Kevin Brady					Registration Number, if PAC		
Street Address 2575 Bryden Rd			Employer/Occupation/Labor Organization* AEP			Form (Cash, Check, etc.) Check	
City Bexley		State O H	Zip Code 43209	M 1 0	D 3 1	Y 0 7	Amount 50.00
Full Name of Contributor Martha Trout					Registration Number, if PAC		
Street Address 4399 Colerain Ave			Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Cash	
City Columbus		State O H	Zip Code 43214	M 1 0	D 3 1	Y 0 7	Amount 15.00
Full Name of Contributor JoAnn Thomas					Registration Number, if PAC		
Street Address 1489 Woods Path Ln			Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Cash	
City Columbus		State O H	Zip Code 43232	M 1 0	D 3 1	Y 0 7	Amount 15.00

* 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)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends for Paul Bingle												
To Whom Paid Suburban News						M	D	Y	Amount			
						1	0	1	8	0	7	795.90
Address 5257 Sinclair Rd				Purpose Print Ad								
City Columbus		State O H		Zip Code 43229		Check Number 1046						
To Whom Paid Kevin Bingle						M	D	Y	Amount			
						1	0	1	9	0	7	200.00
Address 3076 Scioto Trace				Purpose Consulting								
City Columbus		State O H		Zip Code 43221		Check Number 1047						
To Whom Paid Clintonville Chamber of Commerce						M	D	Y	Amount			
						1	0	2	5	0	7	30.00
Address 4219 N High St				Purpose Debate Luncheon								
City Columbus		State O H		Zip Code 43214		Check Number 1048						
To Whom Paid Suburban News						M	D	Y	Amount			
						1	0	2	6	0	7	524.16
Address 5257 Sinclair Rd				Purpose Print Ad								
City Columbus		State O H		Zip Code 43229		Check Number 1050						
To Whom Paid Kevin Bingle						M	D	Y	Amount			
						1	0	2	9	0	7	29.85
Address 3076 Scioto Trace				Purpose Reimburse Campaign Expense								
City Columbus		State O H		Zip Code 43221		Check Number 1051						
To Whom Paid Columbus Metropolitan Club						M	D	Y	Amount			
						1	0	3	1	0	7	144.00
Address 100 E Broad St				Purpose City Council Debate Luncheon								
City Columbus		State O H		Zip Code 43214		Check Number 1052						
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

Prescribed by Secretary of State 3/05

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 Date		Payments This Period Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
031007												- 0 -
Registration Number, if PAC						M	D	Y	M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y	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 Date		Payments This Period Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
082204												- 0 -
Registration Number, if PAC						M	D	Y	M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y	M	D	Y	
From Whom Received						Prior Amount		Amt. Incurred this Period				
Address								Outstanding Balance				
City		State	Zip Code			Loans Received This Period Date		Payments This Period Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC						M	D	Y	M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y	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 Linda Paul (See Attachment A)					Prior Amount 550.91			Amt. Incurred this Period 19.83	
Address 408 E Schreyer Pl					Item or Purpose for Debt Support Activities			Outstanding Balance 570.74	
City Columbus				State OH	Zip Code 43214				
Date Debt was originally Incurred					M	D	Y	Payments Made This Period	
					0	6	1	1	7
Registration Number, if PAC					M	D	Y	\$	
								0.00	
Registration Number, if PAC					M	D	Y		
To Whom Owed Paul Bingle (See Attachment B)					Prior Amount 1,876.79			Amt. Incurred this Period 767.04	
Address 408 E Schreyer Pl					Item or Purpose for Debt Support Activities			Outstanding Balance 2,643.83	
City Columbus				State OH	Zip Code 43214				
Date Debt was originally Incurred					M	D	Y	Payments Made This Period	
					0	2	0	5	7
Registration Number, if PAC					M	D	Y	\$	
								0.00	
Registration Number, if PAC					M	D	Y		
To Whom Owed					Prior Amount			Amt. Incurred this Period	
Address					Item or Purpose for Debt			Outstanding Balance	
City				State	Zip Code				
Date Debt was originally Incurred					M	D	Y	Payments Made This Period	
								Date	
Registration Number, if PAC					M	D	Y	Amount	
Registration Number, if PAC					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 \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 3,214.57 (also record on cover page)