

Ohio Campaign Finance Report

FILED

Prescribed by Secretary of State 3/05

08 APR 11 AM 10:48

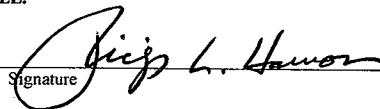
Full Name of Committee Harmon for Clerk Committee						Registration Number, if PAC COUNTY BOARD OF ELECTIONS									
Full Name of Candidate Phillip L. Harmon															
Street Address 5312 Longrifle Rd.						Office Sought Clerk of Court			District Fkln. Cty.						
City Westerville						State OH		Zip Code 43081							
Type of Report (place X to the left of report type)	<input type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year					
	<input checked="" type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input checked="" type="checkbox"/>	Termination	<input type="checkbox"/>	Semiannual					
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			0	M	3	0	D	4	0	Y	8

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 for 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	\$	\$0.00
2. Total monetary contributions (From Form No. 31-A)	\$	\$425.00
3. Total other income (From Form No. 31-A-2)	\$	\$1,767.70
4. Total funds available (sum of lines 1, 2, 3)	\$	\$2,192.70
5. Total monetary expenditures (From Form No. 31-B)	\$	\$2,192.70
6. Balance on hand (line 4 minus line 5)	\$	\$0.00
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)	\$	\$0.00
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.

Phillip L. Harmon, Dep. Treas.

Signature 

04/10/2008

Print Name and Title (Treasurer and Deputy Treasurer only)

Date

Contribution pages 1

Expenditure pages 1

Other pages 12

Total pages 14

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Harmon for Clerk Committee						
Full Name of Contributor Terry O'Brien				Registration Number, if PAC		
Street Address 1445 Fishinger Rd.		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221	M 0	D 2	Y 2	Amount \$200.00
Full Name of Contributor Donald Harper				Registration Number, if PAC		
Street Address 1765 Lynnhaven Dr.		Employer/Occupation/Labor Organization* Retired Professor			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221	M 0	D 3	Y 2	Amount \$200.00
Full Name of Contributor David Schutte				Registration Number, if PAC		
Street Address 144 Price Ave.		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43201	M 0	D 2	Y 2	Amount \$25.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount

* 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 Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Harmon for Clerk Committee						
Full Name Phillip L. Harmon			Registration Number, if PAC			
Address 5312 Longrifle Rd.	Type* LN		M 0	D 2	Y 2	Amount \$264.96
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Credit Card			
Full Name Phillip L. Harmon			Registration Number, if PAC			
Address 5312 Longrifle Rd.	Type* LN		M 0	D 2	Y 6	Amount \$672.23
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Credit Card			
Full Name Phillip L. Harmon			Registration Number, if PAC			
Address 5312 Longrifle Rd.	Type* LN		M 0	D 2	Y 7	Amount \$87.91
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Credit Card			
Full Name Phillip L. Harmon			Registration Number, if PAC			
Address 5312 Longrifle Rd.	Type* LN		M 0	D 3	Y 0	Amount \$225.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Credit Card			
Full Name Phillip L. Harmon			Registration Number, if PAC			
Address 5312 Longrifle Rd.	Type* LN		M 0	D 2	Y 6	Amount \$517.60
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Check			
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, 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.

1,767.70
Page Total \$ _____

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full											
Harmon for Clerk Committee											
To Whom Paid							M	D	Y	Amount	
Dialing Services, LLC, d/b/a GOP.com							0	2	2	08	\$264.96
Address				Purpose							
5149 Cotton Rd.				automated phone calls							
City		State		Zip Code		Check Number		Credit Card			
Roswell		NM		88201							
To Whom Paid							M	D	Y	Amount	
Dialing Services, LLC, d/b/a GOP.com							0	2	2	08	\$672.23
Address				Purpose							
5149 Cotton Rd.				automated phone calls							
City		State		Zip Code		Check Number		Credit Card			
Roswell		NM		88201							
To Whom Paid							M	D	Y	Amount	
Dialing Services, LLC, d/b/a GOP.com							0	2	2	08	\$87.91
Address				Purpose							
5149 Cotton Rd.				automated phone calls							
City		State		Zip Code		Check Number		Credit Card			
Roswell		NM		88201							
To Whom Paid							M	D	Y	Amount	
Voiceshot, LLC							0	3	0	08	\$225.00
Address				Purpose							
30150 Telegraph Rd				automated phone calls							
City		State		Zip Code		Check Number		Credit Card			
Bingham Farms		MI									
To Whom Paid							M	D	Y	Amount	
Call and Post Newspaper							0	2	2	08	\$517.60
Address				Purpose							
109 Hamilton Ave				newspaper advertisement							
City		State		Zip Code		Check Number		Credit Card			
Columbus		OH		43203		912					
To Whom Paid							M	D	Y	Amount	
Michael Elicson							0	3	2	08	\$300.00
Address				Purpose							
P.O. Box 361212				Political Consulting Fee							
City		State		Zip Code		Check Number		Credit Card			
Columbus		OH		43236		1001					
To Whom Paid							M	D	Y	Amount	
David Schutte							0	4	1	08	\$115.00
Address				Purpose							
144 Price Ave.				Treasurer Consulting Fee							
City		State		Zip Code		Check Number		Credit Card			
Columbus		OH		43201		1002					
To Whom Paid							M	D	Y	Amount	
JPMorgan Chase Bank, N.A.							0	3	3	08	\$10.00
Address				Purpose							
P.O. Box 260180				Bank Service Charge							
City		State		Zip Code		Check Number		Debit			
Baton Rouge		LA		70826							

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Harmon for Clerk Committee																			
From Whom Received Phillip L. Harmon								Prior Amount \$0.00		Amt. Incurred this Period \$1,454.79									
Address 5312 Longrifle Rd.										Outstanding Balance Forgiven									
City Westerville		State OH		Zip Code 43081		Loans Received This Period				Payments This Period									
						Date		Amount		Date		Amount							
Date Loan was originally Incurred		M		D		Y		\$		M		D		Y		\$			
						0 2 2 2 0 8		\$264.96								\$0.00			
Registration Number, if PAC								M		D		Y						\$0.00	
								0 2 2 6 0 8		\$672.23									
Employer/Occupation/Labor Organization*								M		D		Y						\$0.00	
								0 2 2 6 0 8		\$517.60									
From Whom Received Phillip L. Harmon								Prior Amount \$0.00		Amt. Incurred this Period \$312.91									
Address 5312 Longrifle Rd.										Outstanding Balance Forgiven									
City Westerville		State OH		Zip Code 43081		Loans Received This Period				Payments This Period									
						Date		Amount		Date		Amount							
Date Loan was originally Incurred		M		D		Y		\$		M		D		Y		\$			
						0 2 2 7 0 8		\$87.91								\$0.00			
Registration Number, if PAC								M		D		Y						\$0.00	
								0 3 0 6 0 8		\$225.00									
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									
		OH				Date		Amount		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 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)]

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 Outstanding Balance to the Cover page (Form No. 30-A).

¹ Total prior amount \$ \$0.00

² Total received this period \$ \$1,767.70 (To Form No. 31-A-2)

³ Total payments this period \$ \$0.00 (To Form No. 31-B)

⁴ Total Outstanding Balance \$ \$0.00 (To Form No. 30-A)

*David Schutte
Treasurer, Harmon For Clerk
144 Price Avenue
Columbus, OH 43201*

**Invoice for Treasurer Services
Harmon for Clerk Campaign
POST-PRIMARY REPORT**

- Total Amount Due: \$115.00
- Total Amount Paid: \$115.00
- BALANCE OWED: \$0

TOTAL AMOUNT PAID 04/10/2008

PAID
4-10-08

1002

\$115.00