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FRANKLIN COUNTY
BOARD OF ELECTIONS

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <i>Friend to Elect Perkins</i>						Registration Number, if PAC		
Full Name of Candidate <i>Carol Perkins</i>								
Street Address <i>1580 Melrose Ave</i>					Office Sought <i>Board Member</i>		District <i>(Franklin County)</i> <i>Columbus City</i>	
City <i>Columbus</i>						State <i>OH</i>	Zip Code <i>43224</i>	
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		<input checked="" type="checkbox"/> Pre-General	Post-General		Annual Year
	July Monthly		August Monthly		September Monthly	Termination		Semiannual
Amended Report? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election	M	D
								Y

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	\$	<i>4,892.74</i>
2. Total monetary contributions (From Form No. 31-A)	\$	<i>20,810.00</i>
3. Total other income (From Form No. 31-A-2)	\$	<i>—</i>
4. Total funds available (sum of lines 1, 2, 3)	\$	<i>25,702.74</i> 0.00
5. Total monetary expenditures (From Form No. 31-B)	\$	<i>16,931.71</i>
6. Balance on hand (line 4 minus line 5)	\$	<i>8,771.03</i> 0.00
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	<i>2,534.08</i>
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.

Lisa Carter - Treasurer *Lisa Carter* *12/11/09*
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages

Expenditure pages

Other pages 1

Total pages 20

In-Kind Contributions Received

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Name of Committee in Full Friends to Elect Perkins			
Full Name of Contributor Franklin County Democratic Party		Employer, Occupation, Labor Organization *	
Street Address 271 E. State Street		Description of Item or Service Signs	
City Columbus		State OH	Zip Code 43215
		M D Y Fair Market Value 09 24 09 2,534.08	
		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		State	Zip Code
		M D Y Fair Market Value	
		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		State	Zip Code
		M D Y Fair Market Value	
		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		State	Zip Code
		M D Y Fair Market Value	
		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		State	Zip Code
		M D Y Fair Market Value	
		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		State	Zip Code
		M D Y Fair Market Value	
		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		State	Zip Code
		M D Y Fair Market Value	
		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		State	Zip Code
		M D Y Fair Market Value	
		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)]