

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

09 JAN 30 PM 3:36

Full Name of Committee Friends to Elect PERKINS		Registration Number, if PAC FRANKLIN COUNTY BOARD OF ELECTIONS	
Full Name of Candidate CAROL A. PERKINS			
Street Address 1580 McROSE AVENUE		Office Sought	District
City Columbus		State OH	Zip Code 43204
Type of Report (place X to the left of report type)	Pre-Primary	Post-Primary	Pre-General
	July	August	September
	Monthly	Monthly	Monthly
			Termination
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No	Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date of Election	Annual Year 2008

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	\$ 6976.88
2. Total monetary contributions (From Form No. 31-A)	\$ -0-
3. Total other income (From Form No. 31-A-2)	\$ -0-
4. Total funds available (sum of lines 1, 2, 3)	\$ 6976.880.00
5. Total monetary expenditures (From Form No. 31-B)	\$ 4892.74
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)	\$
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

E. DIANNE McLENN
Print Name and Title (Treasurer and Deputy Treasurer only)

E. Dianne McLeair
Signature

1/30/09
Date

Contribution
pages _____

Expenditure
pages _____

Other
pages _____

Total
pages **0**