

FILED

Ohio Campaign Finance Report

DEC 11 AM 11:58

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY
BO. OF ELECTIONS

Full Name of Committee Parents for Progress						Registration Number, LPAC, JNS				
Full Name of Candidate Canal Winchester Local Schools Levy Campaign										
Street Address 7297 Crossett Court					Office Sought		District CW			
City Canal Winchester						State O H	Zip Code 43110			
Type of Report (place X to the left of report type)	Pre-Primary		X	Post-Primary		Pre-General		Post-General	Annual Year	
	July			August		September			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 1 1	D 0 4	Y 0 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 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	\$ 2,418.70
2. Total monetary contributions (From Form No. 31-A)	\$ 60.00
3. Total other income (From Form No. 31-A-2)	\$
4. Total funds available (sum of lines 1, 2, 3)	\$ 2,478.70
5. Total monetary expenditures (From Form No. 31-B)	\$ 249.45
6. Balance on hand (line 4 minus line 5)	\$ 2,229.25
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	\$

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 BOARD OF ELECTIONS

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

Print Name and Title (Treasurer and Deputy Treasurer only)		Signature		Date	
Contribution pages <u>2</u>	Expenditure pages <u>1</u>	Other pages <u>8</u>	Total pages <u>11</u>		

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Parents for Progress												
To Whom Paid Team Gear						M	D	Y	Amount			
						1	0	2	1	0	8	144.68
Address P.O. Box 84				Purpose Prizes for dot-out give away								
City Canal Winchester		State OH		Zip Code 43110		Check Number 1120						
To Whom Paid Wal-Mart						M	D	Y	Amount			
						1	0	2	1	0	8	8.41
Address Waterloo Rd.				Purpose Gift bags for dot-out give away								
City Canal Winchester		State OH		Zip Code 43110		Check Number 1121						
To Whom Paid Office Max						M	D	Y	Amount			
						1	0	2	1	0	8	63.80
Address 87 Huber Village Blvd				Purpose Paper, toner supplies and storage wallet								
City Columbus		State OH		Zip Code 43110		Check Number 1122						
To Whom Paid Melissa Chiles						M	D	Y	Amount			
						1	1	1	4	0	8	32.56
Address 6609 Archie Court				Purpose Toner supplies								
City Canal Winchester		State OH		Zip Code 43110		Check Number 1124						
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 Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Parents for Progress									
Full Name of Contributor See attached Statement							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City		State OH	Zip Code		M	D	Y	Amount \$60.00	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH	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 OH	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 OH	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 OH	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 OH	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 OH	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 OH	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 OH	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)]

Parents for Progress
Total Monetary Contributions Form 31-A
October 16, 2008 to December 5, 2008

<u>Date</u>	<u>Name</u>	<u>Name Street1</u>	<u>Name City</u>	<u>Name State</u>	<u>Name Zip</u>	<u>Amount</u>
1/25/2008	Victory Paini	7521 Burgstresser Ct.	Canal Winchester	OH	43110	\$25.00
11/5/2008	Robin and Rick Dehner	6518 Hilliard Dr.	Canal Winchester	OH	43110	\$20.00
11/5/2008	David and Bobbie Marshon	257 Washington St.	Canal Winchester	OH	43110	\$15.00
						\$60.00

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <u>Parents for Progress</u>								
To Whom Paid <u>Team Gear</u>					M	D	Y	Amount
					<u>1</u>	<u>0</u>	<u>2</u>	<u>1</u>
					<u>0</u>	<u>8</u>		
								<u>1,392.00</u>
Address <u>P.O. Box 84</u>				Purpose <u>purchase of t-shirts for sale</u>				
City <u>Canal Winchester</u>		State <u>O</u>	H	Zip Code <u>43110</u>	Check Number <u>1108</u>			
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City		State	H	Zip Code	Check Number			
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City		State	H	Zip Code	Check Number			
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City		State	H	Zip Code	Check Number			
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City		State	H	Zip Code	Check Number			
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City		State	H	Zip Code	Check Number			
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City		State	H	Zip Code	Check Number			

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Parents for Progress							
Full Name of Contributor CW Parents/students t-shirt sales				Registration Number, if PAC			
Street Address 955 W. Walnut Street	Employer/Occupation/Labor Organization*			M	D	Y	Amount
City Canal Winchester	State OH	Zip Code 43110		1	0	2	2,320.00
				Form(Cash,Check,etc) Cash			
Full Name of Contributor				Registration Number, if PAC			
Street Address				M	D	Y	Amount
City							
Full Name of Contributor				Registration Number, if PAC			
Street Address				M	D	Y	Amount
City							
Full Name of Contributor				Registration Number, if PAC			
Street Address				M	D	Y	Amount
City							
Full Name of Contributor				Registration Number, if PAC			
Street Address				M	D	Y	Amount
City							
Full Name of Contributor				Registration Number, if PAC			
Street Address				M	D	Y	Amount
City							
Full Name of Contributor				Registration Number, if PAC			
Street Address				M	D	Y	Amount
City							
Full Name of Contributor				Registration Number, if PAC			
Street Address				M	D	Y	Amount
City							

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event
2,200.00

Total expenditures this event
0.00

Page Total \$ 2,320.00