

FILED

Ohio Campaign Finance Report

05 OCT 22 PM 12:23

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Parents for Progress							Registration Number, if PAC BO			
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)	<input checked="" type="checkbox"/>	Pre-Primary		Post-Primary		Pre-General		Post-General	Annual Year	
		July		August		September		Termination	Semiannual	
		Monthly		Monthly		Monthly				
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	D 1	Y 0	4
							1	0	4	0

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	\$	1,439.84
2. Total monetary contributions (From Form No. 31-A)	\$	4,058.00
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	5,497.84
5. Total monetary expenditures (From Form No. 31-B)	\$	3,079.14
6. Balance on hand (line 4 minus line 5)	\$	2,418.70
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	1,594.14
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

Melissa Berner, Treasurer
Print Name and Title (Treasurer and Deputy Treasurer only)

Melissa Berner
Signature

10/22/08
Date

Contribution pages 2

Expenditure pages 3

Other pages 34

Total pages 39

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
Parents for Progress										
To Whom Paid							M	D	Y	Amount
Melissa Chiles							0	8	0	176.76
Address				Purpose						
6609 Archie Ct.				Postage, thank you cards, ink cartridge						
City		State		Zip Code		Check Number				
Canal Winchester		OH		43110		1075				
To Whom Paid							M	D	Y	Amount
Melissa Chiles							0	8	22.32	
Address				Purpose						
6609 Archie Ct.				Bean bags for corn hole boards						
City		State		Zip Code		Check Number				
Canal Winchester		OH		43110		1102				
To Whom Paid							M	D	Y	Amount
Gordon Food Service							1	10	58.91	
Address				Purpose						
6375 Tussing Road				Supplies for town-hall meeting						
City		State		Zip Code		Check Number				
Reynoldsburg		OH		43068		1114				
To Whom Paid							M	D	Y	Amount
Eydie Echelbarger							0	8	57.27	
Address				Purpose						
6767 Gender Road				Paint for corn hole boards for raffle						
City		State		Zip Code		Check Number				
Canal Winchester		OH		43110		1104				
To Whom Paid							M	D	Y	Amount
Mitch Bailey							0	9	67.18	
Address				Purpose						
7300 Old Creek Lane				Paint for corn hole boards for raffle						
City		State		Zip Code		Check Number				
Canal Winchester		OH		43110		1106				
To Whom Paid							M	D	Y	Amount
Melissa Chiles							1	10	61.21	
Address				Purpose						
6609 Archie Ct.				storage totes, water for meeting, ink cartridge						
City		State		Zip Code		Check Number				
Canal Winchester		OH		43110		1115				
To Whom Paid							M	D	Y	Amount
Harvest Moon Coffee House							1	10	31.75	
Address				Purpose						
7 N. High Street				coffee/desserts for coffee clutch						
City		State		Zip Code		Check Number				
Canal Winchester		OH		43110		1117				
To Whom Paid							M	D	Y	Amount
Melissa Chiles							0	9	116.00	
Address				Purpose						
6609 Archie Ct.				Paper for fliers						
City		State		Zip Code		Check Number				
Canal Winchester		OH		43110		1109				

Statement of Expenditures

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Name of Committee in Full Parents for Progress						
To Whom Paid MJW Graphics	M	D	Y	Amount		
	1	0	6	267.19		
Address P.O. Box 1464		Purpose Fliers for Canvas the Community Event				
City Reynoldsburg	State OH	Zip Code 43068	Check Number 1112			
To Whom Paid Melissa Chiles	M	D	Y	Amount		
	0	9	8	917.50		
Address 6609 Archie Court		Purpose Cardboard Unity dots for Canvas the Community				
City Canal Winchester	State OH	Zip Code 43110	Check Number 1107			
To Whom Paid Bank One	M	D	Y	Amount		
	0	8	8	18.95		
Address 8 S. High St.		Purpose Order new checks				
City Canal Winchester	State OH	Zip Code 43110	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			
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 Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Parents for Progress						
To Whom Paid Graphic T's	M	D	Y	Amount		
	1	0	6	800.00		
Address 532 R Main Street	Purpose Down payment on 500 yard signs					
City Groveport	State OH	Zip Code 43125	Check Number 1111			
To Whom Paid Miss Marcy's Sweet Treats	M	D	Y	Amount		
	1	0	8	30.00		
Address High Street	Purpose Cookies for town hall meeting					
City Canal Winchester	State OH	Zip Code 43110	Check Number 1113			
To Whom Paid Graphic T's	M	D	Y	Amount		
	1	0	8	347.56		
Address 532 R Main Street	Purpose Final payment of yard signs and stakes					
City Groveport	State OH	Zip Code	Check Number 1116			
To Whom Paid Chase Bank	M	D	Y	Amount		
	0	9	8	37.20		
Address 8 S. High Street	Purpose Bank service charges					
City Canal Winchester	State OH	Zip Code 43110	Check Number			
To Whom Paid Melissa Chiles	M	D	Y	Amount		
	1	0	8	69.34		
Address 6609 Archie Ct.	Purpose labels for football game give away, ink cartridge					
City Canal Winchester	State OH	Zip Code 43110	Check Number 1118			
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			

In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full				
Parents for Progress				
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Bob McDorman, Inc.				
Street Address	Description of Item or Service	M	D	Y
U.S. Rte. 33 and Gender Road	Advertising	1	0	2
City	State	Zip Code	Y	Fair Market Value
Canal Winchester	OH	43110	0	8
		Received at Fundraising Event?		
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Davie Financial Services				
Street Address	Description of Item or Service	M	D	Y
5310 East Main Street		1	0	0
City	State	Zip Code	Y	Fair Market Value
Columbus	OH	43110	0	8
		Received at Fundraising Event?		
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Dairy Queen				
Street Address	Description of Item or Service	M	D	Y
120 W. Waterloo	100 hot dogs for tail gate	0	9	2
City	State	Zip Code	Y	Fair Market Value
Canal Winchester	OH	43110	8	0
		Received at Fundraising Event?		
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Gordon Food Services				
Street Address	Description of Item or Service	M	D	Y
6375 Tussing Road	Ketcup/mustard packs	0	9	2
City	State	Zip Code	Y	Fair Market Value
Reynoldsburg	OH	43068	8	0
		Received at Fundraising Event?		
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Christy Jones	Self			
Street Address	Description of Item or Service	M	D	Y
6199 Mistover Lane	hot dog tail gate supplies	1	1	0
City	State	Zip Code	Y	Fair Market Value
Canal Winchester	OH	43110	8	0
		Received at Fundraising Event?		
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Y
City	State	Zip Code	Received at Fundraising Event?	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Y
City	State	Zip Code	Received at Fundraising Event?	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Y
City	State	Zip Code	Received at Fundraising Event?	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	

* Required for contributions from individual over \$100 to statewide and General Assembly candidates. IF contributor is self-employed, occupation 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 Contributions Received

Prescribed by Secretary of State 3/05

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	Zip Code	M	D	Y	Amount 4,058.00	
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	
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 appear. [R.C. 3517.10(B)(4)]

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Parents for Progress											
To Whom Paid Cash					M	D	Y	Amount			
					0	9	0	1	0	8	200.00
Address P.O. Box 514			Purpose Change for labor day booth raffle ticket sales								
City Canal Winchester		State O H	Zip Code 43110		Check Number 1103						
To Whom Paid CW Labor Day Festival					M	D	Y	Amount			
					0	9	0	1	0	8	45.00
Address P.O. Box 514			Purpose Fee for CW labor day parade participation								
City Canal Winchester		State O H	Zip Code 43110		Check Number 1074						
To Whom Paid CW Labor Day Festival					M	D	Y	Amount			
					0	9	0	1	0	8	100.00
Address P.O. Box 514			Purpose Fee for CW labor day booth rental								
City Canal Winchester		State O H	Zip Code 43110		Check Number 1073						
To Whom Paid Melissa Berner					M	D	Y	Amount			
					0	9	2	2	0	8	55.13
Address 7297 Crossett Court			Purpose Water/candy for labor day booth								
City Canal Winchester		State O H	Zip Code 43110		Check Number 1110						
To Whom Paid Melissa Chiles					M	D	Y	Amount			
					0	8	1	2	0	8	430.00
Address 6609 Archie Court			Purpose Fans for labor day parade give away								
City Canal Winchester		State O H	Zip Code 43110		Check Number 1101						
To Whom Paid Melissa Chiles					M	D	Y	Amount			
					0	9	0	1	0	8	143.35
Address 6609 Archie Court			Purpose Labor day booth supplies								
City Canal Winchester		State O H	Zip Code 43110		Check Number 1105						
To Whom Paid					M	D	Y	Amount			
Address			Purpose								
City		State	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 Labor Day Festival - sale of \$1 raffle tickets			Registration Number, if PAC	
Street Address P.O. Box 514	Employer/Occupation/Labor Organization*		M D Y 0 9 0 1 0 8	Amount 978.60
City Canal Winchester	State O H	Zip Code 43110	Form(Cash,Check,etc) Cash	
Full Name of Contributor			Registration Number, if PAC	
Street Address			M D Y	Amount
City			Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address			M D Y	Amount
City			Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address			M D Y	Amount
City			Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address			M D Y	Amount
City			Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address			M D Y	Amount
City			Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address			M D Y	Amount
City			Form(Cash,Check,etc)	

* 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)]

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

978.60

Total expenditures this event

973.48

Page Total \$ <u>978.60</u>

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 Local Schools Staff - jeans day			Registration Number, if PAC	
Street Address 955 W. Walnut Street	Employer/Occupation/Labor Organization*		M D Y 10 01 08	Amount 2,200.00
City Canal Winchester Local School staff an	State OH	Zip Code 43110	Form(Cash,Check,etc) Cash-check	
Full Name of Contributor			Registration Number, if PAC	
Street Address			M D Y	Amount
City			Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address			M D Y	Amount
City			Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address			M D Y	Amount
City			Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address			M D Y	Amount
City			Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address			M D Y	Amount
City			Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address			M D Y	Amount
City			Form(Cash,Check,etc)	

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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 \$ 2,200.00

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Parents for Progress											
To Whom Paid Team Gear					M	D	Y	Amount			
					0	9	1	1	0	8	720.00
Address P.O. Box 84				Purpose purchase of t-shirts for sale							
City Canal Winchester			State O H	Zip Code 43110		Check Number 1108					
To Whom Paid Cash out					M	D	Y	Amount			
					0	9	1	2	0	8	200.00
Address 7297 Crossett Court				Purpose Change for t-shirt sales and raffles							
City Canal Winchester			State O H	Zip Code 43110		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					
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					

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.

