

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED
09 JUN -4 PM 12:34

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Parents for Progress						Registration Number, if PAC					
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		<input checked="" type="checkbox"/> X		Post-Primary		Pre-General		Post-General		Annual Year
	July		August		September		Termination		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		M	D	Y			
						0	5	0	5	0	9

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	\$	10,806.11
2. Total monetary contributions (From Form No. 31-A)	\$	1,140.00
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	11,946.11
5. Total monetary expenditures (From Form No. 31-B)	\$	7,471.04
6. Balance on hand (line 4 minus line 5)	\$	4,475.07
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	47.88
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 Signature Melissa Berner Date 6/3/2009

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Expenditure pages 2

Other pages 13

Total pages 17

Statement of Contributions Received

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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 1,140.00
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
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

Prescribed by Secretary of State 2/01

Name of Committee in Full Parents for Progress							
To Whom Paid Postmaster				M	D	Y	Amount
				0	4	1 6 0 9	84.00
Address		Purpose Postage for absentee voter mailing					
City	State	Zip Code	Check Number				
Canal Winchester	O H	43110	1131				
To Whom Paid Office Max				M	D	Y	Amount
				0	4	1 6 0 9	63.07
Address		Purpose Paper and envelopes for mailing					
City	State	Zip Code	Check Number				
Columbus	O H	43232	1132				
To Whom Paid Capitol Square Printing				M	D	Y	Amount
				0	4	1 7 0 9	1,520.12
Address		Purpose Brochure printing					
City	State	Zip Code	Check Number				
Columbus	O H	43215	1134				
To Whom Paid Kever, Inc.				M	D	Y	Amount
				0	4	2 9 0 9	2,059.93
Address		Purpose Letter printing and bindery and envelopes					
City	State	Zip Code	Check Number				
Columbus	O H	43213	1135				
To Whom Paid Kever, Inc.				M	D	Y	Amount
				0	4	2 9 0 9	326.08
Address		Purpose Reimbursement for postage at post office					
City	State	Zip Code	Check Number				
Columbus	O H	43213	1136				
To Whom Paid Activate				M	D	Y	Amount
				0	4	2 7 0 9	2,500.00
Address		Purpose Phone minutes for election night call reminders					
City	State	Zip Code	Check Number				
			e-check				
To Whom Paid Geoff Gaetz				M	D	Y	Amount
				0	5	0 7 0 9	10.68
Address		Purpose Reimbursement for poster board for high school rally signs					
City	State	Zip Code	Check Number				
Canal Winchester	O H	43110	1137				
To Whom Paid Alana Gibbons				M	D	Y	Amount
				0	5	0 7 0 9	30.89
Address		Purpose Reimbursement for supplies for high school rally signs					
City	State	Zip Code	Check Number				
Canal Winchester	O H	43110	1138				

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	
				0	5	11	09	832.00
Address P.O. Box 84		Purpose Yard signs and stakes						
City Canal Winchester	State OH	Zip Code 43110	Check Number 1139					
To Whom Paid Alana Gibbons				M	D	Y	Amount	
				0	5	09	09	5.31
Address 7297 Bromfield Dr.		Purpose Reimbursement for high school rally supplies						
City Canal Winchester	State OH	Zip Code 43110	Check Number 1140					
To Whom Paid Staples				M	D	Y	Amount	
				0	5	30	09	38.96
Address 3737 Easton Market		Purpose Toner Cartridge						
City Columbus	State OH	Zip Code 43229	Check Number 1141					
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					

In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Parents for Progress				
Full Name of Contributor Kimberly Miller Smith		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 12615 Wildflower Dr. NW		Description of Item or Service cardboard apples for signs		M D Y Fair Market Value 0 4 1 5 0 9 47.88
City Pickerington		State OH	Zip Code 43147	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 Fair Market Value
City		State	Zip Code	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 Fair Market Value
City		State	Zip Code	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 Fair Market Value
City		State	Zip Code	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 Fair Market Value
City		State	Zip Code	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 Fair Market Value
City		State	Zip Code	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 Fair Market Value
City		State	Zip Code	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 Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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[R.C. 3517.10(B)(4)]