

# Kit of Reports

**Impact Report Form** – Due to your District President by May 1, 2025.

**Green Report Forms** – These are mandatory for a Citation of Merit. Follow instructions on the report form as Americanism, Children & Youth, Community Service, Junior Activities and VA & R, are required be sent to the District Chairman. All other reports are sent to the Department Chairman. All addresses are on the Report Forms.

**White Report Forms** – Not required but requested so we can report to National all the great things our Units are doing in Ohio.

American Legion Auxiliary  
**YEAR-END IMPACT REPORT FORMS**

***Why report these numbers?***

Every hour, every dollar ALA members invest in our mission of helping veterans adds up. It not only gives each member a sense of pride, but it allows us to demonstrate our effectiveness to the world. Each small sum of numbers gets added into the collective numbers that are called Impact Numbers. These numbers proclaim our impact and make membership in the ALA meaningful.

These numbers are also reported to The American Legion, which includes them in its annual report to Congress. To make this process easier for you, it has been simplified and the form has been condensed to essential information. If you aren't sure, even giving an estimate is better than not reporting at all.

***How to complete the Impact Report Form***

1. **Each ALA member** should fill out the Member Form and give it to the unit president. This probably happens in April but check with your unit.
2. The unit president (or designee) compiles all of the member data on the Unit Form and adds any additional data not reported individually by unit members. This form then gets forwarded to either the district/county (if applicable) or department, which compiles all the records.
3. It is more important that you report information in one section of the form only rather than worry if you have selected the right category. For example, if you provide a service for children, it should go in either Service for Military Families (for example, camps for military children only) or Service for Children & Youth (Legion Family camps for all children) but not in both places.
4. Please round to whole dollar values (for example, \$149.50 should be \$150).

***Report Simplifications***

1. All service for all military whether active duty, retired, or reserve component is now combined in one section.
2. Each section has better defined examples of the service that should be reported.
3. **For Units, Districts/Counties, and Departments:**  
“Line numbers” and “Obtain Total From” columns assist in transferring data from form to form. For example, units can find the number of Volunteer Hours for Military Families on Line 5 of the Member Form.

**A downloadable fillable monthly tracking worksheet and annual report form is available under the Members Only, Annual Report Forms section on the national website:**  
[www.ALAforVeterans.org](http://www.ALAforVeterans.org)

**Thank you for taking the time to REPORT your VALUABLE SERVICE and helping us TELL OTHERS about our INCREDIBLE IMPACT!**

Send to Your Unit President by April 15, 2024

## MEMBER Year-End Impact Numbers Report

I am a member of Unit # \_\_\_\_\_ Unit Name \_\_\_\_\_

Department \_\_\_\_\_

My name \_\_\_\_\_

Here is what I did in the past 12 months since May 1.

1. **My ALA Service for Veterans/Active-Duty/Reserve Military** (Examples: hours shopping for and preparing care packages for deployed troops, helping wounded warriors and elderly veterans at home, providing transportation, military send-off and welcome-home events, parades, projects for homeless veterans, activities related to distributing poppies, recording veteran histories, raising money for the Veterans Creative Arts Festival, fundraising events that benefit veterans (such as Walk, Run & Roll), assisting with veterans hiring fairs, advocating for The American Legion legislative agenda that supports veterans and the military.)

Line 1 Hours I volunteered: \_\_\_\_\_

Line 2 Dollars I personally spent/donated: \$ \_\_\_\_\_

Line 3 Number of veterans/military I assisted: \_\_\_\_\_

Line 4 Number of "Veterans in Community Schools" presentations I facilitated: \_\_\_\_\_

2. **My ALA Service for Military Families:** (Examples: programs for military and veterans' children, helping Family Support Groups, supporting adopt-a-military-family projects, military spouse hiring fairs, organizing and delivering hero packs, providing childcare for military activities, distributing Blue Star Banners, providing G.I. Josh dogs)

Line 5 Hours I volunteered: \_\_\_\_\_

Line 6 Dollars I personally spent/donated: \$ \_\_\_\_\_

Line 7 Number of military families I served: \_\_\_\_\_

3. **My ALA Service for Youth** (Examples: Jr. Activities, classroom and patriotic activities for children, camps open to all children, raising funds for or promoting Legion Family activities like Girls State)

Line 8 Hours I volunteered for ALA Girls State: \_\_\_\_\_

Line 9 Hours I volunteered for all other Legion Family youth activities: \_\_\_\_\_

Line 10 Dollars I personally spent on goods for youth activities (parties, backpacks): \$ \_\_\_\_\_

Line 11 Direct cash aid to help a needy child: \$ \_\_\_\_\_

Line 12 Number of children/youth served: \_\_\_\_\_

Line 13 Dollars donated to all other child service charities (ex: Make a Wish, St. Jude's): \$ \_\_\_\_\_

4. **My Service Representing the ALA in My Community** (Examples: blood drives, walks/runs, food pantries)

Line 14 Total number of hours for any service not included in Sections 1 through 3: \_\_\_\_\_

Line 15 Total dollars spent for any service not included in Sections 1 through 3: \$ \_\_\_\_\_

When completed, send to: \_\_\_\_\_ Unit President \_\_\_\_\_ by 4 / 15 / 2025  
(Get name and date from unit)

CONGRATULATIONS--YOU DID IT! THANK YOU FOR ALL YOU DO  
AND FOR REPORTING YOUR SERVICE!

**MANDATORY FOR ALL UNITS**  
**Send to Your District President by May 1st, 2025**

## UNIT Year-End Impact Numbers Report

Unit # \_\_\_\_\_ Unit Name \_\_\_\_\_

Department \_\_\_\_\_ Unit President \_\_\_\_\_

Your Name (if other than president) \_\_\_\_\_

Your Email \_\_\_\_\_

Number of Member Impact Reports \_\_\_\_\_

Here is what our unit did in the last 12 months.

**1. Our ALA Service for Veterans/Active-Duty/Reserve Military**

	Service for Veterans/Military	Obtain Total From	Member <span style="font-size: small;">+</span>	Unit <span style="font-size: small;">=</span>	Total
Line 1	Total hours members volunteered	<i>Member Form Line 1</i>		N/A	
Line 2	Total dollars spent	<i>Member Form Line 2</i>	\$	\$	\$
Line 3	Total number of veterans/military assisted	<i>Member Form Line 3</i>			
Line 4	Total number of "Veterans in Community Schools" presentations facilitated	<i>Member Form Line 4</i>			
Line 5	Value of in-kind donations received*	<i>Unit Records</i>	N/A	\$	\$
Line 6	Number of poppies or poppy items distributed	<i>Unit Records</i>	N/A		
Line 7	Dollars raised from poppies	<i>Unit Records</i>	N/A	\$	\$

\*Estimated cash value of non-cash donations from NON-MEMBERS of goods (like paper goods, clothing) or services (like pro-bono CPA services from a local firm)

**2. Our ALA Service for Military Families**

	Service for Military Families	Obtain Total From	Member <span style="font-size: small;">+</span>	Unit <span style="font-size: small;">=</span>	Total
Line 8	Total hours members volunteered	<i>Member Form Line 5</i>		N/A	
Line 9	Total dollars spent	<i>Member Form Line 6</i>	\$	\$	\$
Line 10	Number of military families served	<i>Member Form Line 7</i>			

**3. Our ALA Service for Youth**

	<b>Service for Children &amp; Youth</b>	<b>Obtain Total From</b>	<b>Member</b> +	<b>Unit</b> =	<b>Total</b>
Line 11	Total hours for ALA Girls State	<i>Member Form Line 8</i>		N/A	
Line 12	Dollars spent for ALA Girls State	<b>Unit Records</b>	N/A	\$	\$
Line 13	Total hours for other Legion Family youth activities	<i>Member Form Line 9</i>		N/A	
Line 14	Dollars spent on goods for youth activities	<i>Member Form Line 10</i>	\$	\$	\$
Line 15	Dollar amount of direct cash aid to help a needy child	<i>Member Form Line 11</i>	\$	\$	\$
Line 16	All other <b>UNIT</b> expenses (parties, dinners, paper goods, trophies)	<b>Unit Records</b>	N/A	\$	\$
Line 17	Total number of children/youth served	<i>Member Form Line 12</i>			
Line 18	Donations to all other child service charities	<i>Member Form Line 13</i>	\$	\$	\$

**4. Our Service Representing the ALA in Our Community**

	<b>For any service not included in Sections 1-3</b>	<b>Obtain Total From</b>	<b>Member</b> +	<b>Unit</b> =	<b>Total</b>
Line 19	Total number of hours	<i>Member Form Line 14</i>		N/A	
Line 20	Total dollars spent	<i>Member Form Line 15</i>	\$	\$	\$

**5. Scholarships Presented/Awarded by Our Unit**

	<b>Scholarships</b>	<b>Obtain from</b>	<b>Total</b>
Line 21	Number of unit scholarships presented/awarded	<b>Unit Records</b>	
Line 22	Total dollar amount of unit scholarships	<b>Unit Records</b>	\$
Line 23	Total dollar amount donated to department scholarships	<b>Unit Records</b>	\$

**When completed, send to:** \_\_\_\_\_ District President \_\_\_\_\_ by 5 / 1 / 2025  
 (Get name and date from district or county, if applicable, or department)

**CONGRATULATIONS---YOU DID IT! THANK YOU FOR ALL YOU DO AND FOR REPORTING YOUR UNIT'S IMPACT!**

# END OF YEAR IMPACT REPORTING

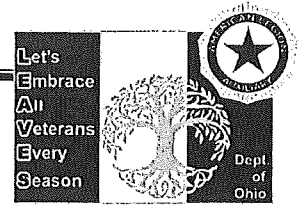
## FAQs

- Question: Where do I report my service for a National Guard "Welcome Home" activity?  
Answer: *Service for ALL members of the military, whether they are retired, active-duty or in the reserve component such as the National Guard is now reported in "Section 1: My Service for Veterans, Active-Duty, and Reserve Military."*
- Question: Do I report my VAVS (Veterans Administration Voluntary Services) on the Impact Form since I already sign in at the VA when I volunteer?  
Answer: No, the ALA receives those hours from the VA on a yearly basis.
- Question: Does time shopping for care packages for deployed military count as service?  
Answer: *Yes, shopping for care packages counts as service hours under Section 1.*
- Question: So.... does driving my daughter to Junior Meetings count as service?  
Answer: *Sorry, that falls within your responsibility as a parent. You get kudos for being a great ALA parent though!*
- Question: My unit volunteered at a summer camp for military kids. Where should I report this service?  
Answer: *You may report service for summer camps open only to military kids under "Section 2: My ALA Service for Military Families." If the camp is open to ALL children, then your service would be reported under "Section 3: My ALA Service for Youth." But don't worry if you don't remember. Just report it somewhere.... once!*
- Question: My neighbor is deployed, so I help her husband by babysitting their children once a week. Does this count?  
Answer: *Absolutely! Report this under "Section 3: My ALA Service for Military Families."*
- Question: What if I don't know exactly where on the form to report my service?  
Answer: *You can always report it under "Section 4: My Service Representing the ALA in My Community."*
- Question: Can I count hours spent taking care of a veteran who lives with me but is not a blood relative?  
Answer: *As long as you are not receiving compensation in return for your role as a caregiver (such as when you care for your spouse), you may report it under "Section 1: My ALA Service for Veterans, Active-Duty and Reserve Military."*
- Question: Can I count hours spent preparing meals for Legion meetings and administrative support for TAL commanders as hours spent in Service to Veterans?  
Answer: *Those hours count but should be reported under "Section 4: My Service Representing the ALA in My Community." Some of our members aptly describe those activities as family chores.*

**THANK YOU FOR SERVING AND REPORTING!**



# Ohio Unit Plan of Action



## AMERICANISM

### CITATION OF MERIT



### REQUIREMENT

#### CHAIRMAN

Cyndi Underwood  
 2273 Alton Ave.  
 Stow, OH 44224-4101  
 (330) 524-3203  
 Email – [cyn2273@gmail.com](mailto:cyn2273@gmail.com)

#### VICE CHAIRMAN

Peggy Park  
 PO Box 32.  
 Chillicothe, OH 45601-0032  
 (740) 775-5751  
 Email – [peggyprk@yahoo.com](mailto:peggyprk@yahoo.com)

REPORT DUE TO DISTRICT  
 CHAIRMAN BY:

**APRIL 15, 2025**

DISTRICT CHAIRMAN SEND REPORT TO DEPARTMENT  
 CHAIRMAN BY MAY 1, 2025

Your District Americanism Chairman is listed below.

### District Americanism Chairmen

Dist	Uno	First Name	Last Name	Address	City	ST	Zip	Phone	Email
01	468	JANE ANN	BRENNEMAN	5702 ANGOLA RD LOT 317	TOLEDO	OH	43615	(419) 345-9091	<a href="mailto:jtapper470@gmail.com">jtapper470@gmail.com</a>
02	355	NATALIE	DANIEL	10965 N PATTERSON RD	PIQUA	OH	45356	(937) 638-6213	<a href="mailto:natalie_m2010@hotmail.com">natalie_m2010@hotmail.com</a>
03	707	NATALIE	HOLLINGER	6034 CINNAMON TREE CT	ENGLEWOOD	OH	45322-3605	(937) 371-7011	<a href="mailto:nholling05@yahoo.com">nholling05@yahoo.com</a>
04	615	KATIE	MACKOWAY	8353 LYTLE FERRY RD	WAYNESVILLE	OH	45068	(513) 255-7669	<a href="mailto:kmackoway@yahoo.com">kmackoway@yahoo.com</a>
05	292	DARLENE	LEITER	329 LYNDALE AVE	ASHLAND	OH	44805	(419) 651-6598	<a href="mailto:darleiter@yahoo.com">darleiter@yahoo.com</a>
06	107	PENNY	SCOTT	166 COORS BLVD	PATASKALA	OH	43062	(785) 375-1624	<a href="mailto:pennyscott@cox.net">pennyscott@cox.net</a>
07	062	PEGGY	PARK	PO BOX 32	CHILLICOTHE	OH	45601-0032	(740) 775-5751	<a href="mailto:peggyprk@yahoo.com">peggyprk@yahoo.com</a>
08	376	BETTY	HARRIS	103 SUMMIT ST	SOMERSET	OH	43783	(740) 408-0629	<a href="mailto:bettyharr2141@yahoo.com">bettyharr2141@yahoo.com</a>
09	214	MARYBETH	HANNON	287 E 235 <sup>TH</sup> ST	EUCLID	OH	44123	(216) 408-6284	<a href="mailto:scarfitup@att.net">scarfitup@att.net</a>
10	499	LINDA	PORTER	1080 COUNTRY CLUB DR UNIT 18	WOOSTER	OH	44691	(330) 641-8570	<a href="mailto:llscrp@sssnet.com">llscrp@sssnet.com</a>
11	071	CAROLE	SOWARDS	420 ZANESVILLE RD	ROSEVILLE	OH	43777	(740) 704-8518	<a href="mailto:dsowards3@columbus.rr.com">dsowards3@columbus.rr.com</a>
12	239	PAULA	LOMBARDO	1400 PEGWOOD DR	COLUMBUS	OH	43229	(614) 825-5362	<a href="mailto:plombardo@coporateone.coop">plombardo@coporateone.coop</a>
13	627	KIMM	BUNCH	10600 FAIRLAWN DR	PARMA	OH	44130	(216) 401-8842	<a href="mailto:kimmieb219@sbcglobal.net">kimmieb219@sbcglobal.net</a>
14	449	PATTY	MILLER	400 MAY AVE	CUYAHOGA FALLS	OH	44221	(330) 212-1411	<a href="mailto:pattym54@yahoo.com">pattym54@yahoo.com</a>

# Ohio Unit Plan of Action

## Department Report Form

This Form should be attached to each narrative that is submitted for information, Citation of Merit requirements and possible Department award. Please fill out the information as completely and accurately as possible. A Unit must submit this report form with boxes completed and answer the questions below in order to earn the Citation of Merit. Narrative -word count must follow directions given in award guidelines. Simple or elaborate stories will be accepted as a report.

**Please complete the following.** Be sure to give the complete name of your Unit: \_\_\_\_\_

District _____	Unit # _____	Unit Membership Goal _____	Unit Membership Total as of Report _____	
Name of Person Completing Report:			Unit Chair.	Unit Pres.
Phone #	Email	Membership ID (if available)		
Specific Award Name (if applicable)				

### Narrative Deadline: April 15, 2025

#### Answer the following Questions in your narrative.

Narrative must be typed written in narrative form.

Narrative must not exceed 1,000 words. (Can be fewer words if program dictates)

Narrative may include photographs and news articles.

- How did your Unit promote Americanism in your community? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Did your Unit support The American Legion with their Americanism program and how? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- How did your Unit promote patriotic holidays? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- How did your Unit promote the Wreaths Across America?  
 \_\_\_\_\_  
 \_\_\_\_\_
- How did your Unit increase the publicity of Buckeye Girls State into the Americanism Program? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

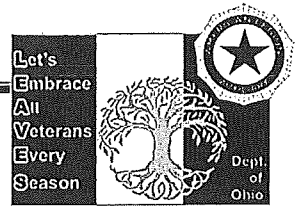
#### 4. Our Service Representing the ALA in Our Communities

	For any service not included in Sections 1-3	Obtain Total From	Total
Line 19	Total number of hours	Unit Form Line 19	
Line 20	Total dollars spent	Unit Form Line 20	\$





# Ohio Unit Plan of Action



## CHAPLAIN

### CHAIRMAN

Melissa Boyers  
5828 San Reno Dr.  
Sylvania, OH 45360-1178  
(419) 250-6971  
ohioalachaplain@gmail.com

### CITATION OF MERIT



### REQUIREMENT

**Year-End Report Due: April 15, 2025**

Department Report Form					
This Form should be attached to each narrative that is submitted for information, Citation of Merit requirements and possible Department award. Please fill out the information as completely and accurately as possible. A Unit must submit a this report form with boxes completed and answer the questions below in order to earn the Citation of Merit. Narrative - word count must follow directions given in award guidelines. Simple or elaborate stories will be accepted as a report. Please complete the following. Be sure to give the complete name of your Unit: _____					
District _____	Unit # _____	Unit Membership Goal _____	Unit Membership Total As of Report _____		
Name of Person Completing Report: _____			Unit Chair. _____	Unit Pres. _____	
Phone # _____	Email _____	Membership ID (if available) _____			
Specific Award Name(if applicable) _____					

### Narrative Deadline: April 15, 2025

Narrative must be typed written in narrative form.  
Narrative must not exceed 1,000 words. (Can be fewer words if program dictates)  
Narrative may include photographs and news articles.

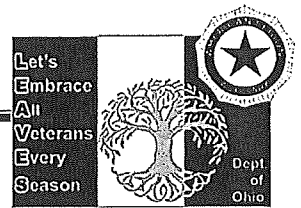
- During the year, how many Unit members volunteered in helping with Memorial Services? \_\_\_\_\_  
(example: attended memorial services of deceased members, serving wake meals, etc.)  
How many of the Junior members participate in religious services at their meeting or church? \_\_\_\_\_
- What is the total number of prayer books, prayers, and devotions that were given to Veterans and where were they taken? (example: CBOCs, clinics, nursing homes, hospitals, VAMCs) \_\_\_\_\_
- How many of your Unit members, both Juniors and Seniors, sent a prayer for President Louise's Prayer Book? \_\_\_\_\_
- How much money did your Unit spend throughout the year on prayer books, devotions, etc.? (examples: materials, stamps, ink, etc.) and what were some of those items? \_\_\_\_\_

### MAIL TO DEPARTMENT CHAPLAIN

Melissa Boyers  
5828 San Reno Dr.  
Sylvania, OH 43560-1178



# Ohio Unit Plan of Action



## CHILDREN & YOUTH

### CHAIRMAN

Krista Carpenter  
115 Lowry Dr.  
West Milton, OH 45383-1322  
(937) 216-8878  
Email –  
kristacarpenter115@gmail.com

### VICE CHAIRMAN

Colleen Phillips  
C-032 Co. Rd. 8B  
Hamler, OH 43524-9785  
(419) 439-0526  
Email – ckphillips43524@gmail.com

CITATION OF MERIT



REQUIREMENT

REPORT DUE TO DISTRICT CHAIRMAN BY: April 15, 2025, to DISTRICT CHAIRMAN

DISTRICT CHAIRMAN SEND TO DEPARTMENTS CHAIRMAN BY MAY 1, 2025

Your District Children & Youth Chairman  
(address shown below)

## District Children and Youth Chairmen

District Chairmen									
DNO	UNO	First Name	Last Name	Address	City	State	Postal Code	Cell Phone	Email Address
01	468	EVELYN	NAVARRE	1036 BRANLEIGH DR	TOLEDO	OH	43612	(419) 340-1685	evenav1984@aol.com
02	381	AMANDA	SHAW	4133 CO RD 9	BELLEFONTAINE	OH	43311	(937) 539-5786	mandeesdragon@hotmail.com
03	184	ROBYN	COOPER	901 W HIGH ST	PIQUA	OH	45356-1921	(937) 773-0165	ronaldcooper901@gmail.com
04	194	SUSAN	SEWELL	6967 HIDDEN RIDGE DR	WEST CHESTER	OH	45069	(513) 518-1233	sewell1954@yahoo.com
05	397	NICOLE	ARNOLD	4805 MAPLEVIEW DR	VEMILION	OH	44089-1627	(419) 577-0438	arnolds2004@gmail.com
06	518	HOPE	EATON	3964 CO RD 217	MARENGO	OH	43334	(419) 210-6088	hopeeaton90@gmail.com
07	062	CARI	STEINBROOK	531 N HIGH ST	CHILLICOTHE	OH	45601	(740) 804-7924	caristeinbrook@gmail.com
08	021	LYNN	LAFFERTY	PO BOX 164	CHAUNCEY	OH	45719-0164	(254) 245-4399	lynndlafferty@aol.com
09	112	JUDY	CESEK	6222 RIVERDALE DR	MADISON	OH	(440) 417-6240	44057	judycesek@hotmail.com
10	557	MELISSA	COCHRAN	44175 HAMMOND SCHOOL RD	WELLSVILLE	OH	43968	(330) 708-0598	melissascott42@yahoo.com
11	389	LEEANN	STAN	603 ULLMAN ST	BEVERLY	OH	45715-9011	(740) 509-5271	leeannstan@gmail.com
12	171	SHEILA	NOCKS	8060 SCHOTT RD	WESTERVILLE	OH	43081	(614) 563-4798	sheilanocks@yahoo.com
13	091	STACEY	LEHMANN	41 HENRY ST	BEREA	OH	44017		stacey_m15@hotmail.com
14	272	NARDELLA	STOCKARD	1140 CRESTVIEW AVE	AKRON	OH	44320	(330) 860-4814	nardellastockard@att.net

# Ohio Unit Plan of Action

Department Report Form			
This Form should be attached to each narrative that is submitted for information, Citation of Merit requirements and possible Department award. Please fill out the information as completely and accurately as possible. A Unit must submit a this report form with boxes completed and answer the questions below in order to earn the Citation of Merit. Narrative - word count must follow directions given in award guidelines. Simple or elaborate stories will be accepted as a report. <b>Please complete the following.</b> Be sure to give the complete name of your Unit: _____			
District	Unit #	Unit Membership Goal	Unit Membership Total As of Report
Name of Person Completing Report:		Unit Chair.	Unit Pres.
Phone #	Email	Membership ID (if available)	
Specific Award Name(if applicable)			

**Answer the following Questions in your narrative.**

Narrative must be typed written in narrative form.

Narrative must not exceed 1,000 words. (Can be fewer words if program dictates)

Narrative may include photographs and news articles.

**If you are doing a narrative, please include the following answers in the narrative. Also include the money spent, the hours volunteers and the number of children served for each question.**

- What did your Unit do to promote the awareness to protect, care for and support children and youth (bullying, youth suicide, drug safety, Halloween safety, violence safety)? How much did you spend? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- What did you do to support/help the homeless/needy children in your community? How much did you spend and how many children did you help? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Did you nominate any children for the Youth Hero Award and the Good Deed Award and how many nominations of each? \_\_\_\_\_ Did you honor those you nominated? What did you do to honor the nominated children? How did your Unit find children/youth to nominate? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Did your Unit participate in the Kids of Deployed Heroes 2 (KDH2) honoring military children? What did your Unit do to participate? Did you do other activities to support military and veterans' children? Did you participate in National Military Children April 15<sup>th</sup>? Did you promote to others to wear purple April 15<sup>th</sup>? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- How did your Unit support the American Legion Children & Youth program (example - Child Welfare Foundation, and the American Legion Veterans and Children Foundation, National Family Week Oct. 7-13, 2024, and April Children & Youth month). Please list your money spent

# Ohio Unit Plan of Action

and time volunteered. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- What other activities did your Unit do to support Children and Youth that aren't listed above? (parties, drive-in events, auctions, dinners, etc.) How much did you spend and how much time did you volunteer? \_\_\_\_\_

\_\_\_\_\_

- What children's service charities did your Unit donate to and how much did you donate? How many children were served? \_\_\_\_\_

\_\_\_\_\_

- Please be sure to include the \$.25 assessment per paid member (\$.25 times 100 members = \$25.) in the total on line 14 under the unit column. Also, save your receipts throughout the year to complete the dollar amounts. \$ \_\_\_\_\_

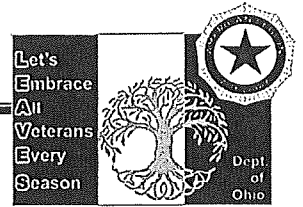
Below is the portion of the Unit Impact Report Form that National is requiring Departments to report on. The line numbers reference the Member/Unit Impact Report that will be included in the Kit of Reports.

## 1. Our ALA Service for Youth

	<b>Service for Children &amp; Youth</b>	<b>Obtain Total From</b>	<b>Member</b> $\pm$	<b>Unit</b> $\pm$	<b>Total</b>
Line 13	Total hours for other Legion Family youth activities	Member Form Line 9	.	N/A	
Line 14	Dollars spent on goods for youth activities	Member Form Line 10	\$	\$	\$
Line 15	Dollar amount of direct cash aid to help a needy child	Member Form Line 11	\$	\$	\$
Line 16	All other <b>UNIT</b> expenses (parties, dinners, paper goods, trophies)	<b>Unit Records</b>	N/A	\$	\$
Line 17	Total number of children/youth served	Member Form Line 12			
Line 18	Donations to all other child service charities	Member Form Line 13	\$	\$	\$



# Ohio Unit Plan of Action



## COMMUNITY SERVICE

### CHAIRMAN

Susan Fratio  
7565 Lambton Ct.  
Mentor, OH 44060  
(440) 759-4961  
Email – bfratio@yahoo.com

### VICE CHAIRMAN

Betty Taylor  
207 High St.  
Wheelersburg, OH 45694-8562  
(740) 250-3249  
Email – alaunit471@yahoo.com

### CITATION OF MERIT



### REQUIREMENT

**REPORT DUE TO DISTRICT CHAIRMAN BY:** April 15, 2025, to DISTRICT CHAIRMAN

**DISTRICT CHAIRMAN SEND TO DEPARTMENT CHAIRMAN**

**BY MAY 1, 2025**

Your District Community Service Chairman  
(address shown below)

## District Community Service Chairmen

District Chairmen									
DNO	UNO	First Name	Last Name	Address	City	State	Postal Code	Cell Phone	Email Address
01	553	PATTI	WATSON	1150 ELCO AVE	MAUMEE	OH	43537	(419) 309-3362	pattiwatson09@yahoo.com
02	096	MONA	SHIPLEY	632 S ELIZABETH ST	LIMA	OH	45804	(419) 204-8832	shiple813@yahoo.com
03	776	JUANITA	BALLARD	2333 DUNCAN DR APT 7	FAIRBORN	OH	45324-2082	(937) 260-3685	thirddistpres18@gmail.com
04	179	DONNA	COLLINS-BRALEY	711 N BROADWAY	BLANCHESTER	OH	45107	(937) 725-0758	blanladiesaux@gmail.com
05	257	DEB	SUTTERLIN	950 TWP RD 2506	PERRYVILLE	OH	44864	(330) 465-9230	debsutterlin270@gmail.com
06	097	BARB	ARNDT	1996 CO RD 170	MARENGO	OH	43334	(419) 560-5897	barndt501@twc.com
07	062	LEAH	DEFFENBAUGH	31 MEAD DR	CHILLICOTHE	OH	45601	(740) 703-5740	ldeffenbaugh123@gmail.com
08	011	JODI	KEELS	626 N MAPLE ST	LANCASTER	OH	43130	(740) 415-8844	flok2991@gmail.com
09	601	CAROL	JOHNSTON	6404 TIMELESS LANE	MADISON	OH	44057	(440) 417-5879	rej5@windstream.net
10	070	RUBY	WITHEROW	1020 CRAWFORD RD	WELLSVILLE	OH	43968	(330) 843-3380	r.witherow@comcast.net
11	768	LISA JO	SNODGRASS	PO BOX 115	BEALLSVILLE	OH	43716	(740) 359-6291	ljs549@me.com
12	144	ANN	GARREN	3744 ABNEY RD	COLUMBUS	OH	43207	(614) 749-2821	anngarren@hotmail.com
13	002	CINDY	BOEHNLEIN	6669 ROCHELLE BLVD.	PARMA HEIGHTS	OH	44130	(440) 212-5150	cboehnlein55@gmail.com
14	331	KIMMY	HOLLAND	2776 KENT RAVENNA RD	RAVENNA	OH	44266	(330) 942-4714	holland6300@aol.com

# Ohio Unit Plan of Action

## 4. Our Service Representing the ALA in Our Community

	For any service not included in Sections 1-3	Obtain Total From	Member	Unit	Total
Line 19	Total number of hours	Member Form Line 14		N/A	
Line 20	Total dollars spent	Member Form Line 15	\$	\$	\$

Department Report Form				
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District	Unit #	Unit Membership Goal	Unit Membership Total As of Report	
Name of Person Completing Report:			Unit Chair.	Unit Pres.
Phone #	Email	Membership ID (if available)		
Specific Award Name(if applicable)				

### NARRATIVE INFORMATION

**Answer the following Questions or include answers in your narrative**

Narrative must be typed written in narrative form.

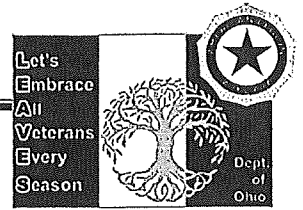
Narrative must not exceed 1,000 words. (Can be fewer words if program dictates)

Narrative may include photographs, news articles, flyers, Facebook posts, and Unit newsletters.

- What is the total number of volunteers your Unit had for the year? (This cannot exceed the number of paid Senior Members.) \_\_\_\_\_
- What is the total number of Junior Volunteers your Unit had for the year? \_\_\_\_\_
- How many non-members volunteers, seniors and juniors, did you have and what event or project did they participate in? Did your Unit recruit these volunteers as new members and how did you do that? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- How did your Unit engage Junior Members and/or High School Students (with or without service hour requirements to graduate) in ALA Community Service activities, events and/or projects? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Did members volunteer for, or organize service projects for any of the ALA suggested days of service? If so, which days were the most successful? What were any challenges you had? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- What types of Community Service activities, events, or projects were done in Unit? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



# Ohio Unit Plan of Action



## HISTORY

### HISTORIAN

Dayna Beyer  
6013 Garber Road  
Bellville, Ohio 44813  
(419) 566-9395 (cell)  
(888) 225-3180 (fax)

Email – mrsdaynabeyer@gmail.com

### CITATION OF MERIT



### REQUIREMENT

**REPORT DUE: April 15, 2025**

Department Report Form			
This Form should be attached to each narrative that is submitted for information, Citation of Merit requirements and possible Department award. Please fill out the information as completely and accurately as possible. A Unit must submit this report form with boxes completed and answer the questions below in order to earn the Citation of Merit. Narrative - word count must follow directions given in award guidelines. Simple or elaborate stories will be accepted as a report. <b>Please complete the following.</b> Be sure to give the complete name of your Unit: _____			
District	Unit #	Unit Membership Goal	Unit Membership Total As of Report
Name of Person Completing Report:		Unit Chair.	Unit Pres.
Phone #	Email	Membership ID (if available)	
Specific Award Name(if applicable)			

### Answer the following Questions in your narrative.

Narrative must be typed written in narrative form.

Narrative must not exceed 1,000 words. (Can be fewer words if program dictates)

Narrative may include photographs and news articles.

*The Unit History consists of what the Unit/members did in each program, (i.e. Americanism, Children & Youth, Education, VA&R, and National Security, etc.)*

- How many senior and junior members and volunteers helped serve and/or participate in the year's activities and events? Give a brief description of the kinds of activities and events that were had. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- How many veterans were served and how many patriotic activities and events were planned and or presented. Select two activities or events that were most memorable and showed the spirit of serving and write a short story on them. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Share a story that involved members being installed or a special presentation during a unit meeting with a guest speaker or special ceremony or recognition of an auxiliary member. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Ohio Unit Plan of Action

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- What was the total amount of funds raised from all activities and events? How and where were the funds distributed i.e., presented by check or in person and to what program and or charity? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- How much was the cost/spent and donated to do the programs, activities, and events? \_\_\_\_\_  
\_\_\_\_\_
- Did your unit interview, video tape and post on You Tube and the ALA National History Facebook page senior and junior members stories for the “Members Remember Project”. Please elaborate on what was learned about your member(s). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- How is your unit archiving their history? Are you incorporating the unit’s history into a Cavalcade of Memories to show other members and the public on the unit’s service in the community? Consider having an open house and invite inactive members and the public for a tea to share with them the past history gathered in the cavalcade. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Who was the honored veteran interviewed for the Veterans Service Project by your junior member(s)? Summarize what was learned about the veteran’s service i.e., when and where he served, his or her branch of service, and was the entire package submitted to Washington DC Library of Congress. Share a brief summary story on LegiontownUSA. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- What was the significant goal that the woman veteran or non-veteran achieved and what was learned about her during Women History Month of March? Submit your story to Facebook and to the American Legion Auxiliary Magazine. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- What was your goal quota membership, and did you reach goal? Any new or old members you would like to highlight? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

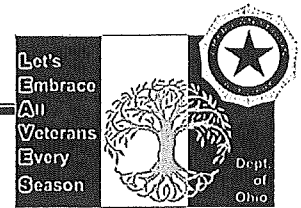
**MAIL TO DEPARTMENT HISTORIAN**

Dayna Beyer  
6013 Garber Rd.  
Bellville, OH 44813  
Email – mrsdaynabeyer@gmail.com





# Ohio Unit Plan of Action



## LEGISLATIVE

### CHAIRMAN

Kathy Linn  
1201 Chaucer Circle  
Akron, OH 44312-6002  
(330) 860-4225

Email – pebbles0916@yahoo.com

### CITATION OF MERIT



### REQUIREMENT

**REPORT DUE: April 15, 2025**

#### Department Report Form

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**Please complete the following.** Be sure to give the complete name of your Unit: \_\_\_\_\_

District	Unit #	Unit Membership Goal	Unit Membership Total As of Report			
Name of Person Completing Report:			Unit Chair.		Unit Pres.	
Phone #	Email	Membership ID (if available)				
Specific Award Name(if applicable)						

#### Answer the following Questions in your narrative.

Narrative must be typed written in narrative form.

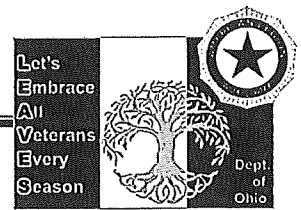
Narrative must not exceed 1,000 words. (Can be fewer words if program dictates)

Narrative may include photographs and news articles.

- Did your members subscribe to the American Legion Legislative Action Alerts? \_\_\_\_\_  
If so, how many? \_\_\_\_\_
- Did your members utilize the **Grassroots Action Center** voter voice page from [www.legion.org/action](http://www.legion.org/action).  
If so, how many? \_\_\_\_\_
- How did you educate members on the legislative issues of the 118<sup>th</sup> and 119<sup>th</sup> Congressional legislative agenda promoted by The American Legion and how did your members employ those methods? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Did your members write, email, or call their representatives, other than [www.legion.org/action](http://www.legion.org/action) on American Legin priorities? \_\_\_\_\_ How many members? \_\_\_\_\_ How many responses? \_\_\_\_\_ Please attached copies of letters sent/received.
- Please describe how members were able to connect with their local, state and US officials and what were their successes? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- What legislative activities (town hall meetings, legislative receptions, working the polls, etc.) did members attend in your communities? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Department of Ohio Plan of Action



## NATIONAL SECURITY

### CITATION OF MERIT



### REQUIREMENT

#### CHAIRMAN

Kimm Bunch

10600 Fairlawn Dr.

Parma, OH 44130-1206

(216) 401-8842

Email – alaohnatsec@gmail.com

**REPORT DUE: April 15, 2025**

Department Report Form				
This Form should be attached to each narrative that is submitted for information, Citation of Merit requirements and possible Department award. Please fill out the information as completely and accurately as possible. A Unit must submit a this report form with boxes completed and answer the questions below in order to earn the Citation of Merit. Narrative - word count must follow directions given in award guidelines. Simple or elaborate stories will be accepted as a report. <b>Please complete the following.</b> Be sure to give the complete name of your Unit: _____				
District _____	Unit # _____	Unit Membership Goal _____	Unit Membership Total As of Report _____	
Name of Person Completing Report: _____			Unit Chair. _____	Unit Pres. _____
Phone # _____	Email _____	Membership ID (if available) _____		
Specific Award Name(if applicable) _____				

### Answer the following Questions in your narrative.

Narrative must be typed written in narrative form.

Narrative must not exceed 1,000 words. (Can be fewer words if program dictates)

Narrative may include photographs, news articles, flyers, Facebook posts, newsletters, etc.

- What National Security activities and/or projects were done by your Unit that were not near a military installation? \_\_\_\_\_  
\_\_\_\_\_
- When preparing care packages to send to our troops, how did you utilize the community? Please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Please check off the other things listed under National Security your Unit participated in. Please give a brief explanation of the activities.
  - Present Blue Star and Gold Star Banners? \_\_\_\_\_
  - Host a blood drive? \_\_\_\_\_

# Department of Ohio Plan of Action

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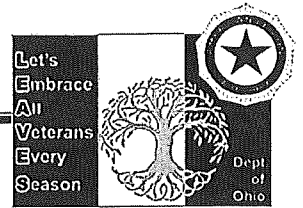
- Write letters to the troops? \_\_\_\_\_  
\_\_\_\_\_
- Have a POW/MIA chair at meetings? \_\_\_\_\_  
\_\_\_\_\_
- Recognize ROTC and JROTC cadets? \_\_\_\_\_  
\_\_\_\_\_
- How did your Unit participate and recognize family during National Military Appreciation Month? Local Military Appreciation Recognition? \_\_\_\_\_  
\_\_\_\_\_
- Wear RED on Friday in honor of our deployed service members? \_\_\_\_\_  
\_\_\_\_\_

## 2. Our ALA Service for Military Families

	Service for Military Families	Obtain Total From	Member	+	Unit	+	Total
Line 8	Total hours members volunteered	Member Form Line 5			N/A		
Line 9	Total dollars spent	Member Form Line 6	\$		\$		\$
Line 10	Number of military families served	Member Form Line 7					



# Department of Ohio Plan of Action



## POPPY

### CITATION OF MERIT



### REQUIREMENT

**CHAIRMAN**  
 Donella Kline  
 26963 Elizabeth St.  
 Olmsted Township, OH 44138  
 (216) 396-8968

Email – [dkline@chnhousingpartners.org](mailto:dkline@chnhousingpartners.org)

**REPORT DUE: April 15, 2025**

Department Report Form				
This Form should be attached to each narrative that is submitted for information, Citation of Merit requirements and possible Department award. Please fill out the information as completely and accurately as possible. A Unit must submit this report form with boxes completed and answer the questions below in order to earn the Citation of Merit. Narrative - word count must follow directions given in award guidelines. Simple or elaborate stories will be accepted as a report.				
Please complete the following. Be sure to give the complete name of your Unit:				
District:	Unit #:	Unit Membership Goal:	Unit Membership Total As of Report:	
Name of Person Completing Report:			Unit Chair	Unit Pres
Phone #:	Email:	Membership ID (if available)		
Specific Award Name(if applicable):				

1. Our ALA Service for Veterans/Active-Duty/Reserve Military

Line 6	Number of poppies or poppy items distributed	Unit Records	N/A		
Line 7	Dollars raised from poppies	Unit Records	N/A	\$	\$

**Answer the following Questions in your narrative.**

Narrative must be typed written in narrative form.  
 Narrative must not exceed 1,000 words. (Can be fewer words if program dictates)  
 Narrative may include photographs and news articles.

- How many poppies were distributed by your Unit throughout the year and where were these poppies distributed? \_\_\_\_\_

\_\_\_\_\_

- What other poppy items were sold throughout the year, and what were these items? \_\_\_\_\_

\_\_\_\_\_

- What was the amount of money that was raised by your Unit for the Poppy Fund? \_\_\_\_\_

\_\_\_\_\_

## Department of Ohio Plan of Action

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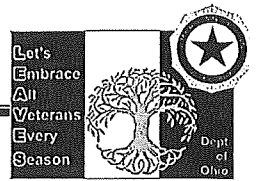
- How did your Unit celebrate National Poppy Day? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- How did you share the Poppy Story with the community? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Have a great year and grow our Poppy Program!**



# Ohio Unit Plan of Action



## VETERANS AFFAIRS & REHABILITATION

### CHAIRMAN

Marsha Giehls  
118 S. West St.  
Mason, OH 45040-3688  
(513) 398-6566

Email-  
aux194@embarqmail.com

### VICE CHAIRMAN

Deb Sutterlin  
950 Twp. Rd. 2506  
Perrysville, OH 44864-9713  
(330) 465-9230

Email –  
debsutterlin270@gmail.com

### Department Hospital Director

Linda Close  
1041 Donnawood Dr  
Mansfield, OH 44903  
(419) 989-1180 Cell

Email-  
lindaaclose@gmail.com

### CITATION OF MERIT



### REQUIREMENT

REPORT DUE TO **April 15, 2025, to**  
DISTRICT CHAIRMAN BY: **DISTRICT CHAIRMAN**

DISTRICT CHAIRMAN SEND TO DEPARTMENT CHAIRMAN  
BY MAY 1, 2025

Your District VA & R Chairman  
(address shown below)

### District VA&R Chairmen

DNO	UNO	First Name	Last Name	Address	City	State	Postal Code	Cell Phone	Email Address
01	553	PEGGY	SHERWOOD-HAYES	156 ROSEANNA	TOLEDO	OH	43615		peggysherwoodhayes@yahoo.com
02	444	SARA	MAURER	9428 ST RT 219	NEW KNOXVILLE	OH	45871	(419) 305-7828	dmaurer@nktelco.net
03	707	CATHY	HUTTON	316 W WENGER RD	ENGLEWOOD	OH	45322-1828	(937) 620-7661	cathyhutton73@gmail.com
04	288	CAROL	JORDAN	305 S FOURTH ST	WILLIAMSBURG	OH	45176	(513) 767-3777	medic657@fioptics.com
05	257	LYNNE	BABB	219 N MT VERNON AVE	LOUDONVILLE	OH	44842		babblynne@gmail.com
06	085	LOLA	NIXON	44 CURTIS AVE	NEWARK	OH	43055	(740) 877-2164	nix7lo@roadrunner.com
07	757	PATRICIA	OLAKER	207 CEDAR WOOD DR	CHILLICOTHE	OH	45601	(740) 775-3389	
08	021	NANCY	GRAVES	8235 WINDFALL RIDGE	ATHENS	OH	45701	(740) 707-3765	ndgr.us812@gmail.com
09	601	TRACY	KING	1856 GREEN RD	MADISON	OH	44057	(440) 339-1672	luttk2022@yahoo.com
10	436	JULIE	MARTIN	12574 ISLANDVIEW AVE NW	UNIONTOWN	OH	44685	3307303795	msjulieamartin@gmail.com
11	071	REBECCA	KOEHLER COLE	74 S MAIN ST LOT #8	ROSEVILLE	OH	43777	(740) 704-1221	beckycOLE0623@gmail.com
12						OH			
13	421	ALLISON	NYE	28207 WISTERIA DR	NORTH OLMSTED	OH	44070	(330) 573-2228	allison.nye7@gmail.com
14	685	CINDY	MASOWICK	9320 ROOT DR	STREETSBORO	OH	44241	(330) 714-3873	cjidgy@gmail.com

# Ohio Unit Plan of Action

## Department Report Form

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**Please complete the following.** Be sure to give the complete name of your Unit: \_\_\_\_\_

District	Unit #	Unit Membership Goal	Unit Membership Total As of Report		
Name of Person Completing Report:			Unit Chair.		Unit Pres.
Phone #	Email	Membership ID (if available)			
Specific Award Name(if applicable)					

### Answer the following Questions in your narrative.

Narrative must be typed written in narrative form.

Narrative must not exceed 1,000 words. (Can be fewer words if program dictates)

Narrative may include photographs and news articles.

- List your assessment amount in the narrative and include it on this form. Please include your dollar spent. \_\_\_\_\_  
Please include this amount on Line 2-Total dollars spent, of the box below.
- How did your Unit support local veterans? How many senior members participated and how many Juniors? Please include the total number of hours. \_\_\_\_\_
- Describe how members earned their Service to Veterans hours and include hours in line 1 below. \_\_\_\_\_
- How did your Unit help support the VA Hospitals and the hospital representatives in order for them to help our veterans? How many hours did they spend helping the veterans? Please include the dollar amount. \_\_\_\_\_
- What can we do as a group to help our VA hospitals? \_\_\_\_\_
- Tell about all the things that your Unit has done for the VA & R program this year. \_\_\_\_\_
- Tell about how your Unit supported the Veterans Creative Arts Festival. Describe how you were able to participate to raise funds to help in providing funds for companions to attend with their veterans. \_\_\_\_\_

#### 1. Our ALA Service for Veterans/Active-Duty/Reserve Military

	Service for Veterans/Military	Obtain Total From	Member <span style="font-size: small;">+</span>	Unit <span style="font-size: small;">=</span>	Total
Line 1	Total hours members volunteered	Member Form Line 1		N/A	
Line 2	Total dollars spent (include VA&R Assessment here)	Member Form Line 2	\$	\$	\$
Line 3	Total number of veterans/military assisted	Member Form Line 3			
Line 4	Total number of "Veterans in Community Schools" presentations facilitated	Member Form Line 4			

# Ohio Unit Plan of Action

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## Service to Our Veterans 2024 – 2025 Member Report Form

Please include hours at VAMCs not covered by Department of Ohio (ex. Georgetown, local CBOCs, etc.). Members give this report to your VA & R Chairman, and she will send all reports by April 15, 2025, to VA & R Vice Chairman, Deb Sutterlin, 950 Twp. Rd. 2506, Perrysville, OH 44864-9713. Volunteers receiving their FIRST 50 volunteer hours will receive a Service to Our Veterans Pin to wear and hold their future hour bars. There is no cost to the volunteer if it is the Volunteers 1<sup>st</sup> Pin. Volunteers that have already received their Volunteer Pin may purchase new pins at their own expense through Emblem Sales or thru Department.

Volunteer Name \_\_\_\_\_ Membership # \_\_\_\_\_  
District # \_\_\_\_\_ Unit # \_\_\_\_\_ Unit Name \_\_\_\_\_  
Unit Chairman \_\_\_\_\_ Telephone # \_\_\_\_\_ Zip \_\_\_\_\_

Date	Hrs. Worked	Work/Activity Performed Where	Actual Cost/Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL HOURS \_\_\_\_\_ TOTAL COST/AMOUNT \_\_\_\_\_

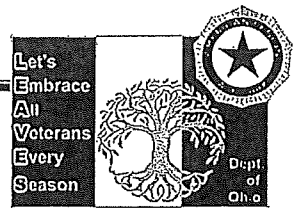
Certifying Member or Unit VA&R Chairman: \_\_\_\_\_

Each volunteer needs a separate form, therefore, copy additional sheets as needed. This information is to be turned into the Vice Chairman of VA&R by April 15, 2025, to receive your pins and hours bars at the Department Convention.





# Department of Ohio Plan of Action



## AUXILIARY EMERGENCY FUND

**CHAIRMAN**  
 Christie Peeper  
 9599 Hess Mill Rd. NE  
 Bolivar, OH 44612-9713  
 (636) 675-1104  
 christiepeeper@yahoo.com

**REPORT DUE: April 15, 2025**

### Department Report Form

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**Please complete the following.** Be sure to give the complete name of your Unit: \_\_\_\_\_

District _____	Unit # _____	Unit Membership Goal _____	Unit Membership Total As of Report _____		
Name of Person Completing Report: _____			Unit Chair. _____	_____	Unit Pres. _____
Phone # _____	Email _____	Membership ID (if available) _____			
Specific Award Name(if applicable) _____					

**Report Deadline: April 15, 2025**

**Narrative Deadline: April 15, 2025**

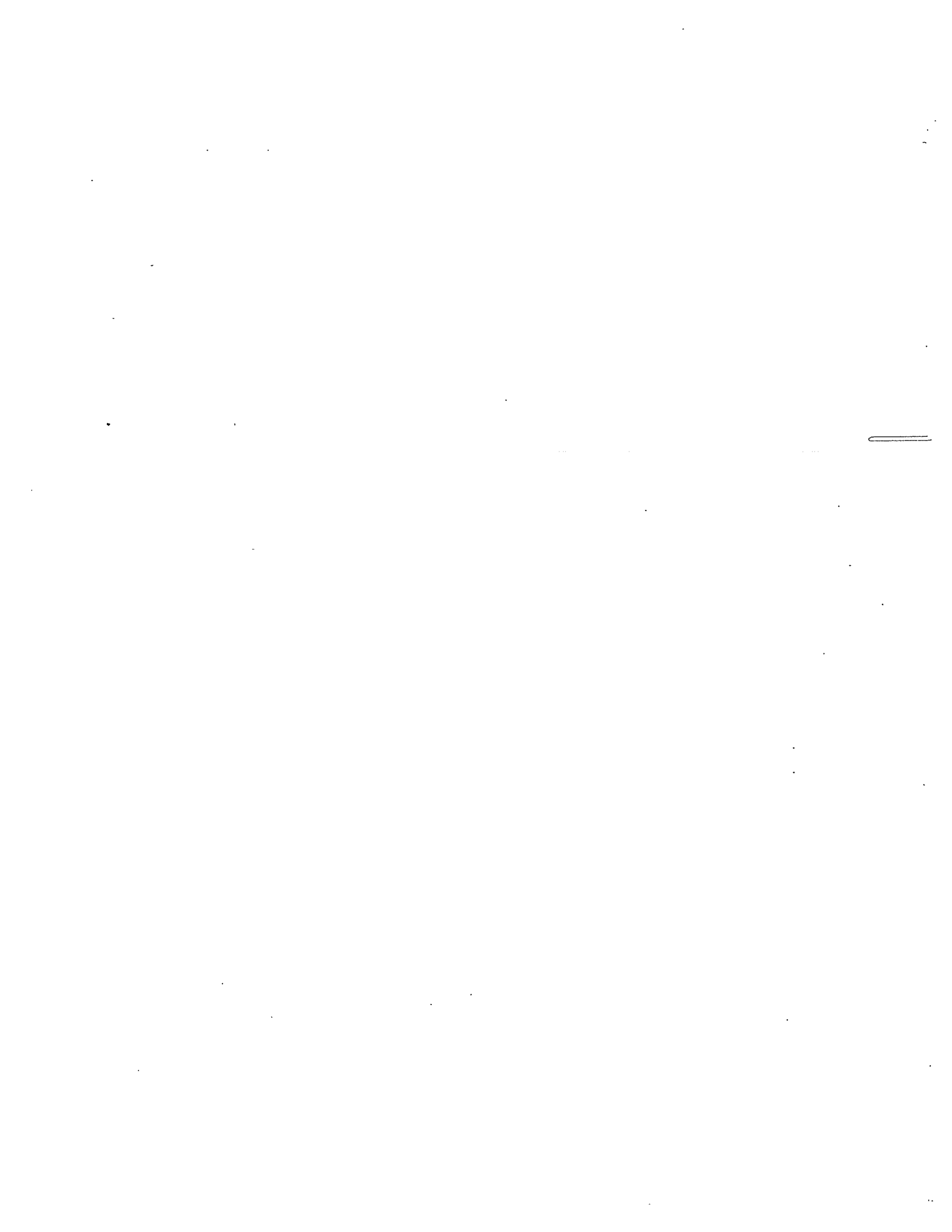
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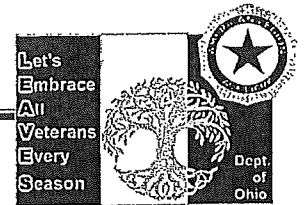
Narrative may include photographs and news articles.

- How did your Unit educate the members regarding this program? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- How were your members informed as to where the AEF resources could be found? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- What fundraising ideas did you Unit provide? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_





## Ohio Unit Program Action Plan



### American Legion Auxiliary Buckeye Girls State

**DIRECTOR**

Gwen Schroeder-Zulch  
PO Box 242  
Jerry City, OH 43437-0242  
(419) 494-7366

Email – [gweniesue@yahoo.com](mailto:gweniesue@yahoo.com)

**COORDINATOR**

Vicky Buck  
PO Box 2760  
Zanesville, Ohio 43702-2760  
(740) 452-8245 (work)

Email – [vicky@alaohio.org](mailto:vicky@alaohio.org)

Year-Report Due:

**SEND REPORTS TO :**

April 15, 2025

Department BGS Director

A Board of Directors oversees the American Legion Auxiliary Buckeye Girls State Program, which includes:

Director  
Department President  
Department 1<sup>st</sup> Vice President  
Director of Counselors  
Director of Government  
Director of Health  
Director of Music and Recreation  
Director of Public Relations  
Department Secretary

Gwen Schroeder-Zulch  
Louise Smerk  
Renee Kohl  
Cindy Masowick  
Pamela Roberts  
Jeni Kennedy  
Karen Peel  
Ashley Dell

**Please carefully read the additional information enclosed in the envelope marked American Legion Auxiliary Buckeye Girls State!**

**Buckeye Girls State is at**

**BOWLING GREEN STATE UNIVERSITY  
Bowling Green, OH 43403**

# Ohio Unit Program Action Plan

## Department Report Form

This Form should be attached to each narrative that is submitted for information, Citation of Merit requirements and possible Department award. Please fill out the information as completely and accurately as possible. A Unit must submit a this report form with boxes completed and answer the questions below in order to earn the Citation of Merit. Narrative - word count must follow directions given in award guidelines. Simple or elaborate stories will be accepted as a report.

**Please complete the following.** Be sure to give the complete name of your Unit: \_\_\_\_\_

District	Unit #	Unit Membership Goal	Unit Membership Total As of Report		
Name of Person Completing Report:			Unit Chair.		Unit Pres.
Phone #	Email	Membership ID (if available)			
Specific Award Name(if applicable)					

**Answer the following Questions and/or include answers in your narrative.**

Narrative must be typed written in narrative form.

Narrative must not exceed 1,000 words. (Can be fewer words if program dictates).

Narrative may include photographs and news articles.

- How did your Unit promote the ALA Buckeye Girls State program in your schools and community?  
\_\_\_\_\_

- How did your Unit recognize your 2024 delegates to ALA Buckeye Girls State? \_\_\_\_\_

- What unique ways did your Unit fundraise to help finance your Buckeye Girls State delegates? \_\_\_\_\_

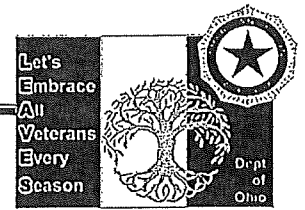
- How has your Unit improved your BGS Girls State program this year? Please give details of what worked or what needs more improvement. \_\_\_\_\_

### 3. Our ALA Service for Youth

	Service for Children & Youth	Obtain Total From	Member +	Unit =	Total
Line 11	Total hours for ALA Girls State	<i>Member Form Line 8</i>		N/A	
Line 12	Dollars spent for ALA Girls State	<b>Unit Records</b>	N/A	\$	\$



# Ohio Unit Plan of Action



## EDUCATION

### CHAIRMAN

Makenah Leibert  
1121 Nine Iron Dr., Apt. 1815  
Akron, OH 44312-5826  
((330) 283-9415

### VICE CHAIRMAN

Cindy Masowick  
9320 Root Dr.  
Streetsboro, OH 44241-5540  
(330) 714-3873

Email – [makenah25@yahoo.com](mailto:makenah25@yahoo.com)

Email – [cjidgy@gmail.com](mailto:cjidgy@gmail.com)

**REPORT DUE: April 15, 2025**

Department Report Form			
This Form should be attached to each narrative that is submitted for information, Citation of Merit requirements and possible Department award. Please fill out the information as completely and accurately as possible. A Unit must submit a this report form with boxes completed and answer the questions below in order to earn the Citation of Merit. Narrative - word count must follow directions given in award guidelines. Simple or elaborate stories will be accepted as a report. Please complete the following. Be sure to give the complete name of your Unit: _____			
District	Unit #	Unit Membership Goal	Unit Membership Total As of Report
Name of Person Completing Report:		Unit Chair.	Unit Pres.
Phone #	Email	Membership ID (if available)	
Specific Award Name(if applicable)			

**Answer the following Questions in your narrative.**

Narrative must be typed written in narrative form.

Narrative must not exceed 1,000 words. (Can be fewer words if program dictates)

Narrative may include photographs and news articles.

- Did members/unit participate in Teacher Appreciation Week or National Education Week? \_\_\_\_\_  
How? \_\_\_\_\_
- Did your Unit participate in Give 10 to Education Program? \_\_\_\_\_ Number of members participating: \_\_\_\_\_ Value of donations: \_\_\_\_\_  
What type of donations were made? \_\_\_\_\_
- Did your Unit schedule a Veterans in Community Schools Program? If so, how were they presented?  
\_\_\_\_\_  
\_\_\_\_\_
- Did Unit actively support veterans' association on campus? How? Amount of money spent or value of donations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Ohio Unit Plan of Action

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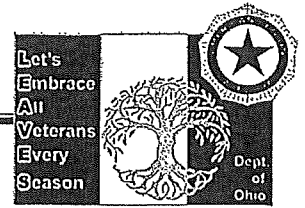
- Did your Unit offer scholarships? If so, how were the winners recognized? How were scholarships promoted? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- How many scholarship applications did your Unit receive? \_\_\_\_\_ Unit: \_\_\_\_\_  
 Department: \_\_\_\_\_ National: \_\_\_\_\_
- How much money has your Unit contributed to the Nurse's Scholarship? \_\_\_\_\_

### 5. Scholarships Presented/Awarded by Our Unit

	Scholarships	Obtain from	Total
Line 21	Number of unit scholarships presented/awarded	<i>Unit Records</i>	
Line 22	Total dollar amount of unit scholarships	<i>Unit Records</i>	\$
Line 23	Total dollar amount donated to department scholarships	<i>Unit Records</i>	\$



# Ohio Unit Plan of Action



## JUNIOR ACTIVITIES

### District Junior Activities Chairman

**CHAIRPERSON**

Connie Morton  
 11022 Kent Ave NE  
 Hartville, OH 44632-9759  
 (330) 354-6001 (cell)  
 Email – [cj-smorton@hotmail.com](mailto:cj-smorton@hotmail.com)

**2<sup>nd</sup> MEMBER**

Michelle Bolin  
 4300 Bridgeview Ave.  
 Newburgh Heights, OH 44105-3124  
 (216) 253-2101  
 Email – [mizetti1@live.com](mailto:mizetti1@live.com)

**3<sup>rd</sup> MEMBER**

Brandy Little  
 6158 Licking Valley Rd.  
 Frazeytsburg, OH 43822-9517  
 (740) 644-9462  
 Email – [unit764ala@gmail.com](mailto:unit764ala@gmail.com)

**REPORT DUE TO DISTRICT  
 CHAIRMAN BY:**

April 15, 2025, to  
 DISTRICT CHAIRMAN

**DISTRICT CHAIRMAN SEND TO DEPARTMENT CHAIRMAN**

**BY MAY 1, 2025**

**Your District Junior Activities Chairman  
 (address shown below)**

**District Chairmen**

DNO	UNO	First Name	Last Name	Address	City	State	Postal Code	Cell Phone	Email Address
01	262	COLLEEN	PHILLIPS	C-032 CO RD 8B	HAMLER	OH	43524	(419) 439-0526	ckphillips43524@gmail.com
02	210	REBECCA	FETTERS	3893 CARMEL CHURCH RD	CELINA	OH	45822	(419) 305-8644	tyh@bright.net
03	776	SUSAN	MASTEN	419 YOUNG DR	FAIRBORN	OH	45324-5749	(937) 409-2338	gclef419@yahoo.com
04	256	MARGIE	HOMINY	490 HENNEPIN DR	MAINEVILLE	OH	45039	(440) 823-2515	oh4thdistrictpresident@gmail.com
05	447	CINDY	PERKINS	3603 BULLHEAD RD	PLYMOUTH	OH	44865	(567) 224-6358	roncin4@hotmail.com
06	764	BRANDY	LITTLE	6158 LICKING VALLEY RD	FRAZEYSBURG	OH	43822	(740) 644-9462	unit764ala@gmail.com
07	633	STACY	HUMPHERY	1811 INLOW AVE	PEEBLES	OH	45660		mntstacy@yahoo.com
08	376	BETTY	HARRIS	103 SUMMIT ST	SOMERSET	OH	43783	(740) 408-0629	bettyharr2141@yahoo.com
09	214	SUSAN	FRATINO	7565 LAMBTON CT	MENTOR	OH	44060	(440) 759-4961	bfratino@yahoo.com
10	436	CONNIE	MORTON	11022 KENT AVE NE	HARTVILLE	OH	44632	(330) 354-6001	cj-smorton@hotmail.com
11	038	LEIANN	CLINE	72894 PLEASANT GROVE	DILLONVALE	OH	43917	7403913105	leianncline@gmail.com
12	144	KAY	HAYMAN	2649 MCCOMB RD	GROVE CITY	OH	43123	(614) 537-4359	kaybh@juno.com
13	627	MICHELLE	BOLIN	4300 BRIDGEVIEW AVE	NEWBURG HEIGHTS	OH	44105	(216) 253-2101	mizetti1@live.com
14	449	MAKENAH	LEIBERT	1121 NINE IRON DR APT 1815	AKRON	OH	44312	(330) 283-9415	makenah25@yahoo.com

# Ohio Unit Plan of Action

## Department Report Form

This Form should be attached to each narrative that is submitted for information, Citation of Merit requirements and possible Department award. Please fill out the information as completely and accurately as possible. A Unit must submit a this report form with boxes completed and answer the questions below in order to earn the Citation of Merit. Narrative - word count must follow directions given in award guidelines. Simple or elaborate stories will be accepted as a report.

**Please complete the following.** Be sure to give the complete name of your Unit: \_\_\_\_\_

District	Unit #	Unit Membership Goal	Unit Membership Total As of Report		
Name of Person Completing Report:			Unit Chair.		Unit Pres.
Phone #	Email	Membership ID (if available)			
Specific Award Name(if applicable)					

**Answer the following Questions in your narrative.**

Narrative must be typed written in narrative form.

Narrative must not exceed 1,000 words. (Can be fewer words if program dictates)

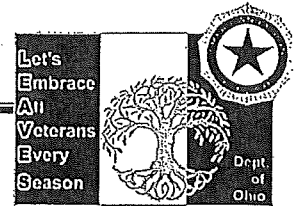
Narrative may include photographs and news articles.

- What did your Unit do to maintain/obtain new Junior members? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- How did your Juniors participate in Unit activities? What were the Juniors' duties for those activities? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- What did your Unit do to mentor the Junior members leading them into Senior membership? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- How did your Unit/Juniors participate in the Star-Spangled Kids program? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- What did your Unit do to promote the Conference Covers for the 73<sup>rd</sup> Department Junior Convention with your Juniors? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- How did your Unit promote the Americanism Essay contest with your Juniors? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- How did your Unit promote the Poppy Posters Contest? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_





# Department of Ohio Plan of Action



## LEADERSHIP

### CHAIRMAN

Karen Kaczmarek  
 961 S. Reynolds Rd., Lot 69  
 Toledo, OH 43615-7060  
 (419) 346-3309  
 Email – [alaohioleadership@gmail.com](mailto:alaohioleadership@gmail.com)  
**Report & Narrative can be emailed**  
**NARRATIVES DUE: April 15, 2025**

#### Department Report Form

This Form should be attached to each narrative that is submitted for information, Citation of Merit requirements and possible Department award. Please fill out the information as completely and accurately as possible. A Unit must submit this report form with boxes completed and answer the questions below in order to earn the Citation of Merit. Narrative - word count must follow directions given in award guidelines. Simple or elaborate stories will be accepted as a report.

**Please complete the following.** Be sure to give the complete name of your Unit: \_\_\_\_\_

District	Unit #	Unit Membership Goal	Unit Membership Total As of Report			
Name of Person Completing Report:			Unit Chair.		Unit Pres.	
Phone #	Email	Membership ID (if available)				
Specific Award Name(if applicable)						

**Answer the following questions and also include the Key Program Statements' Action Steps in your narrative.**

Narrative must be typed written in narrative form.

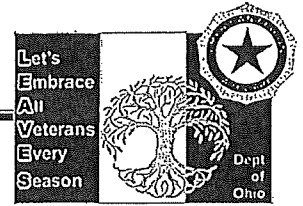
Narrative must not exceed 1,000 words. (Can be fewer words if program dictates)

Narrative may include photographs and news articles.

- Did you submit a Unit Member of the Year? YES \_\_\_\_\_ NO \_\_\_\_\_
- Did you share and review the following documents at your unit meetings?
  - The Leadership Action Plan YES \_\_\_\_\_ NO \_\_\_\_\_
  - Buckeye Messenger YES \_\_\_\_\_ NO \_\_\_\_\_
  - Bulk Mailing YES \_\_\_\_\_ NO \_\_\_\_\_
  - District Newsletter YES \_\_\_\_\_ NO \_\_\_\_\_
  - Governing Documents YES \_\_\_\_\_ NO \_\_\_\_\_
  - Unit Guidebook (2021) YES \_\_\_\_\_ NO \_\_\_\_\_
- Did members attend or complete the following which promotes leadership development?
  - Unit Meeting YES \_\_\_\_\_ NO \_\_\_\_\_
  - District Meetings YES \_\_\_\_\_ NO \_\_\_\_\_
  - School of Instruction (SOI) YES \_\_\_\_\_ NO \_\_\_\_\_
  - Mid-Winter Conference YES \_\_\_\_\_ NO \_\_\_\_\_
  - National Senior Auxiliary Basic Course YES \_\_\_\_\_ NO \_\_\_\_\_
  - National ALA Academy Courses or Webinars YES \_\_\_\_\_ NO \_\_\_\_\_
  - Department on-line Leadership Courses YES \_\_\_\_\_ NO \_\_\_\_\_



# Ohio Unit Plan of Action



## MEMBERSHIP

### CHAIRMAN

Renee Kohl  
13 W. Prospect St.  
Hudson, OH 44236-2235  
(330) 802-2845  
Email – rckohl@aol.com

**REPORT DUE: April 15, 2025**

#### Department Report Form

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Please complete the following. Be sure to give the complete name of your Unit:

District:	Unit #:	Unit Membership Goal:	Unit Membership Total As of Report:			
Name of Person Completing Report:			Unit Chair		Unit Pres	
Phone #:	Email:		Membership ID (if available)			
Specific Award Name(if applicable):						

#### Elaborate the following Questions in your narrative.

Narrative must be typed written in narrative form.

Narrative must not exceed 1,000 words. (Can be fewer words if program dictates)

Narrative may include photographs and news articles.

- Please share how your Unit is using membership tools – other Auxiliary programs to engage, retain and recruit members. \_\_\_\_\_

\_\_\_\_\_

- How did your Unit recruit Junior members? Please explain. \_\_\_\_\_

\_\_\_\_\_

- How did your Unit recruit male spouses? Please explain. \_\_\_\_\_

\_\_\_\_\_

- How did you utilize the Legion Family to recruit new members (i.e. mailing lists, Post meetings, Post social gatherings, etc.)? \_\_\_\_\_

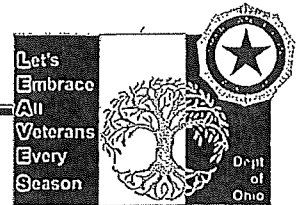
\_\_\_\_\_

**Narrative Deadline: April 15, 2025**

**MAIL TO DEPARTMENT MEMBERSHIP CHAIRMAN**



# Department of Ohio Plan of Action



## PUBLIC RELATIONS

**CHAIRMAN**  
 Mindi Rue  
 PO Box 10  
 Dupont, OH 45837-0010  
 (419) 439-2950  
 Email – mindi1036@gmail.com

**REPORT DUE: April 15, 2025**

Department Report Form			
This Form should be attached to each narrative that is submitted for information, Citation of Merit requirements and possible Department award. Please fill out the information as completely and accurately as possible. A Unit must submit this report form with boxes completed and answer the questions below in order to earn the Citation of Merit. Narrative - word count must follow directions given in award guidelines. Simple or elaborate stories will be accepted as a report. Please complete the following. Be sure to give the complete name of your Unit: _____			
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Name of Person Completing Report:		Unit Chair.	Unit Pres.
Phone #	Email	Membership ID (if available)	
Specific Award Name(if applicable)			

**Answer the following Questions in your narrative.**

Narrative must be typed written in narrative form.  
 Narrative must not exceed 1,000 words. (Can be fewer words if program dictates)  
 Narrative may include photographs and news articles.

- How did your Unit maintain communication with your membership? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- How did your Unit promote the ALA and its mission within your community? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- What type of response have you received from the community (i.e., new members, volunteers, attendance at events, etc.). \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- How does your Unit create/maintain an active/updated media contact list? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_