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# Ohio Campaign Finance Report

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Prescribed by Secretary of State 3/05

FRANKLIN COUNTY  
BOARD OF ELECTIONS

Full Name of Committee <b>Groveport Madison Committee For Better Schools</b>							Registration Number, if PAC <b>N/A</b>			
Full Name of Candidate <b>N/A</b>										
Street Address <b>8082 Pontius Rd.</b>					Office Sought <b>N/A</b>			District		
City <b>Groveport</b>					State <b>OH</b>		Zip Code <b>43125</b>			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year	
	July Monthly		August Monthly		September Monthly		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 <b>1</b>	D <b>1</b>	Y <b>0 4 0 8</b>

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	\$	4,714.24
2. Total monetary contributions (From Form No. 31-A)	\$	7,209.75
3. Total other income (From Form No. 31-A-2)	\$	2.37
4. Total funds available (sum of lines 1, 2, 3)	\$	11,926.36
5. Total monetary expenditures (From Form No. 31-B)	\$	3,256.25
6. Balance on hand (line 4 minus line 5)	\$	8,670.11
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	145.00
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.

**Marti Prince** \_\_\_\_\_ *Marti Prince* \_\_\_\_\_ 10/23/08  
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages 6

Expenditure pages 1

Other pages 2

Total pages 10

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Groveport Madison Committee For Better Schools</b>							
Full Name of Contributor <b>Jane Deckard</b>					Registration Number, if PAC		
Street Address <b>3808 Laguna Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43232</b>	M <b>1   0</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>20.00</b>	
Full Name of Contributor <b>Dione Allen</b>					Registration Number, if PAC		
Street Address <b>6485 Nottinghill Trail Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>Canal Winchester</b>	State <b>O   H</b>	Zip Code <b>43110</b>	M <b>1   0</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>10.00</b>	
Full Name of Contributor <b>Sandy McCain</b>					Registration Number, if PAC		
Street Address <b>12589 National Rd SW</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>Pataskala</b>	State <b>O   H</b>	Zip Code <b>43062</b>	M <b>1   0</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Susan Briggs</b>					Registration Number, if PAC		
Street Address <b>6330 Legends CT</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Westerville</b>	State <b>O   H</b>	Zip Code <b>43082</b>	M <b>1   0</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Kara Cunningham</b>					Registration Number, if PAC		
Street Address <b>4878 Dameuly Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Hilliard</b>	State <b>O   H</b>	Zip Code <b>43026</b>	M <b>1   0</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Barbara Wheeler</b>					Registration Number, if PAC		
Street Address <b>5486 Thorney Drive</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Hilliard</b>	State <b>O   H</b>	Zip Code <b>43026</b>	M <b>1   0</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Suzanne Dietrich</b>					Registration Number, if PAC		
Street Address <b>8813 Ormiston Circle</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Reynoldsburg</b>	State <b>O   H</b>	Zip Code <b>43068</b>	M <b>1   0</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>20.00</b>	
Full Name of Contributor <b>Teresa Malloy</b>					Registration Number, if PAC		
Street Address <b>139 Cleveland Ave</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Lancaster</b>	State <b>O   H</b>	Zip Code <b>43130</b>	M <b>1   0</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>25.00</b>	

\* 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 Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Groveport Madison Committee For Better Schools</b>							
Full Name of Contributor <b>Petermann LLC</b>					Registration Number, if PAC		
Street Address <b>8041 Hosbrook Rd Ste 330</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Cincinnati</b>		State <b>O   H</b>	Zip Code <b>45236</b>	M <b>1   0</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>5,000.00</b>
Full Name of Contributor <b>Mary Tedrow</b>					Registration Number, if PAC		
Street Address <b>5269 Lithopolis Rd</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Groveport</b>		State <b>O   H</b>	Zip Code <b>43125</b>	M <b>1   0</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>200.00</b>
Full Name of Contributor <b>Victoria Albrecht</b>					Registration Number, if PAC		
Street Address <b>1467 Argus Rd</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43227</b>	M <b>1   0</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Dunloe PTO</b>					Registration Number, if PAC		
Street Address <b>3200 Dunloe Rd</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43232</b>	M <b>1   0</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Jody Davis</b>					Registration Number, if PAC		
Street Address <b>1794 Leighton Dr</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Reynoldsburg</b>		State <b>O   H</b>	Zip Code <b>43068</b>	M <b>1   0</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>20.00</b>
Full Name of Contributor <b>Susan Keys</b>					Registration Number, if PAC		
Street Address <b>465 Buckhorn CT</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Westerville</b>		State <b>O   H</b>	Zip Code <b>43081</b>	M <b>1   0</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Thomas McElligott</b>					Registration Number, if PAC		
Street Address <b>3852 Quail Hollow Dr</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43228</b>	M <b>1   0</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Mary Christine Bowser</b>					Registration Number, if PAC		
Street Address <b>7788 Tokatee Dr</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Pickerington</b>		State <b>O   H</b>	Zip Code <b>43147</b>	M <b>1   0</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>100.00</b>

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# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Groveport Madison Committee For Better Schools</b>							
Full Name of Contributor <b>Dr. Naomi Sealey</b>					Registration Number, if PAC		
Street Address <b>6740 Bennell Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Reynoldsburg</b>	State <b>O   H</b>	Zip Code <b>43068</b>	M <b>1</b>	D <b>0</b>	Y <b>03</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Marjorie Whitis</b>					Registration Number, if PAC		
Street Address <b>610 Long Rd</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Pickerington</b>	State <b>O   H</b>	Zip Code <b>43147</b>	M <b>1</b>	D <b>0</b>	Y <b>03</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Linda Meek</b>					Registration Number, if PAC		
Street Address <b>9078 Sycamore Rd</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Mount Vernon</b>	State <b>O   H</b>	Zip Code <b>43050</b>	M <b>1</b>	D <b>0</b>	Y <b>03</b>	Amount <b>20.00</b>	
Full Name of Contributor <b>Thea Patrick</b>					Registration Number, if PAC		
Street Address <b>1645 Holland Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Hilliard</b>	State <b>O   H</b>	Zip Code <b>43026</b>	M <b>1</b>	D <b>0</b>	Y <b>03</b>	Amount <b>15.00</b>	
Full Name of Contributor <b>Melvina Bina</b>					Registration Number, if PAC		
Street Address <b>2624 Steiner House</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43219</b>	M <b>1</b>	D <b>0</b>	Y <b>03</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Joy Bock</b>					Registration Number, if PAC		
Street Address <b>15 Bendview SW</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Pataskala</b>	State <b>O   H</b>	Zip Code <b>43062</b>	M <b>1</b>	D <b>0</b>	Y <b>03</b>	Amount <b>20.00</b>	
Full Name of Contributor <b>Linda Jones</b>					Registration Number, if PAC		
Street Address <b>5538 Crosskirk Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Westerville</b>	State <b>O   H</b>	Zip Code <b>43082</b>	M <b>1</b>	D <b>0</b>	Y <b>03</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Teresa Hoffman</b>					Registration Number, if PAC		
Street Address <b>4888 Hayes Rd</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Groveport</b>	State <b>O   H</b>	Zip Code <b>43125</b>	M <b>1</b>	D <b>0</b>	Y <b>03</b>	Amount <b>25.00</b>	

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# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Groveport Madison Committee For Better Schools</b>							
Full Name of Contributor <b>Emily Curry</b>					Registration Number, if PAC		
Street Address <b>10820 Edgewood Dr</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Dublin</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>1   0</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Carolynn Pillin</b>					Registration Number, if PAC		
Street Address <b>316 Villa Oaks Ln</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Gahanna</b>	State <b>O   H</b>	Zip Code <b>43230</b>	M <b>1   0</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Tammy Rodich</b>					Registration Number, if PAC		
Street Address <b>4681 Cadmus Dr</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43228</b>	M <b>1   0</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>20.00</b>	
Full Name of Contributor <b>Doris Maxson</b>					Registration Number, if PAC		
Street Address <b>4658 Harbor Blvd</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43232</b>	M <b>1   0</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Elizabeth Liechner</b>					Registration Number, if PAC		
Street Address <b>1335 Brookview Circle</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Pickerington</b>	State <b>O   H</b>	Zip Code <b>43147</b>	M <b>1   0</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Hahn Exterminating Service</b>					Registration Number, if PAC		
Street Address <b>161 North Trimble Rd</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Mansfield</b>	State <b>O   H</b>	Zip Code <b>44906</b>	M <b>1   0</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Sharon Brady</b>					Registration Number, if PAC		
Street Address <b>6424 Hemmingford Dr</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Canal Winchester</b>	State <b>O   H</b>	Zip Code <b>43110</b>	M <b>1   0</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Tamasene McCauley</b>					Registration Number, if PAC		
Street Address <b>6210 Upperridge Dr</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Canal Winchester</b>	State <b>O   H</b>	Zip Code <b>43110</b>	M <b>1   0</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>25.00</b>	

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# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Groveport Madison Committee For Better Schools</b>						
Full Name of Contributor <b>Carolyn Bohnlein</b>				Registration Number, if PAC		
Street Address <b>6320 Rossmore Lane</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Canal Winchester</b>	State <b>O   H</b>	Zip Code <b>43110</b>	M <b>1   0</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Kay Knode</b>				Registration Number, if PAC		
Street Address <b>4435 Pickerington Rd NW</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Carroll</b>	State <b>O   H</b>	Zip Code <b>43112</b>	M <b>1   0</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Nancy Christensen</b>				Registration Number, if PAC		
Street Address <b>45 Highmeadows Village Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Powell</b>	State <b>O   H</b>	Zip Code <b>43065</b>	M <b>1   0</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>25.00</b>
Full Name of Contributor <b>M Elizabeth Stevenson</b>				Registration Number, if PAC		
Street Address <b>118 Gayle Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Pickerington</b>	State <b>O   H</b>	Zip Code <b>43147</b>	M <b>1   0</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>14.75</b>
Full Name of Contributor <b>Accurate Electric Construction Inc</b>				Registration Number, if PAC		
Street Address <b>6901 Americana Parkway</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Reynoldsburg</b>	State <b>O   H</b>	Zip Code <b>43068</b>	M <b>1   0</b>	D <b>1   0</b>	Y <b>0   8</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Groveport Madison Local Education Association</b>				Registration Number, if PAC		
Street Address <b>6993 Britwell</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Reynoldsburg</b>	State <b>O   H</b>	Zip Code <b>43068</b>	M <b>1   0</b>	D <b>1   0</b>	Y <b>0   8</b>	Amount <b>200.00</b>
Full Name of Contributor <b>Linda Graves</b>				Registration Number, if PAC		
Street Address <b>5210 Blair Ave</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Canal Winchester</b>	State <b>O   H</b>	Zip Code <b>43110</b>	M <b>1   0</b>	D <b>1   0</b>	Y <b>0   8</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Tamara Evans</b>				Registration Number, if PAC		
Street Address <b>301 Laurel Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Pataskala</b>	State <b>O   H</b>	Zip Code <b>43062</b>	M <b>1   0</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>50.00</b>

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# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Groveport Madison Committee For Better Schools</b>							
Full Name of Contributor <b>Annetta Zeman</b>					Registration Number, if PAC		
Street Address <b>6815 Murdock CT</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Canal Winchester</b>		State <b>O   H</b>	Zip Code <b>43110</b>	M <b>1   0</b>	D <b>0   3</b>	Y <b>0   8</b>	Amount <b>25.00</b>
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

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