

FILED

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Groveport Madison Committee For Better Schools						Registration Number, if PAC N/A					
Full Name of Candidate N/A											
Street Address 8082 Pontius Rd.						Office Sought N/A		District			
City Groveport						State OH	Zip Code 43125				
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		XX	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 0 5	D 0 5	Y 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	\$	4,637.17
2. Total monetary contributions (From Form No. 31-A)	\$	5,150.95
3. Total other income (From Form No. 31-A-2)	\$	0.74
4. Total funds available (sum of lines 1, 2, 3)	\$	9,788.86
5. Total monetary expenditures (From Form No. 31-B)	\$	5,691.62
6. Balance on hand (line 4 minus line 5)	\$	4,097.24
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	
12. Value of independent expenditures made (From Form No. 31-U)	\$	
13. For Electronic Filing Entities only	\$	
Sum of lines 2, 7 and amount of any new loans received this period	\$	

FRANKLIN COUNTY
BOARD OF ELECTIONS
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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 _____ 6/12/09 _____
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution
pages 7

Expenditure
pages 2

Other
pages 1

Total
pages 11

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Groveport Madison Committee For Better Schools						
Full Name of Contributor Heidi Day				Registration Number, if PAC		
Street Address 8467 Kingsley Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Reynoldsburg	State O H	Zip Code 43068	M 0 5	D 0 4	Y 0 9	Amount 3.00
Full Name of Contributor Patricia Fletcher				Registration Number, if PAC		
Street Address 12176 Woodrow Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Pickerington	State O H	Zip Code 43147	M 0 5	D 0 4	Y 0 9	Amount 3.00
Full Name of Contributor Kathy Hinton				Registration Number, if PAC		
Street Address 8370 Bruce Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Canal Winchester	State O H	Zip Code 43110	M 0 5	D 0 4	Y 0 9	Amount 3.00
Full Name of Contributor Aimee Holloway				Registration Number, if PAC		
Street Address 448 Crestmoore Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Groveport	State O H	Zip Code 43125	M 0 5	D 0 4	Y 0 9	Amount 15.00
Full Name of Contributor Janis Imwalle				Registration Number, if PAC		
Street Address 690 Waybaugh Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Gahanna	State O H	Zip Code 43230	M 0 5	D 0 4	Y 0 9	Amount 3.00
Full Name of Contributor H Scott McKenzie				Registration Number, if PAC		
Street Address 1814 Millwood Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Upper Arlington	State O H	Zip Code 43221	M 0 5	D 0 4	Y 0 9	Amount 15.00
Full Name of Contributor Susan Moore				Registration Number, if PAC		
Street Address 5075 Cherry Blossom Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Groveport	State O H	Zip Code 43125	M 0 5	D 0 4	Y 0 9	Amount 3.00
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

* 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 Groveport Madison Committee For Better Schools							
Full Name of Contributor M Elizabeth Stevenson					Registration Number, if PAC		
Street Address 118 Gayle Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Pickerington		State O H	Zip Code 43147	M 0 5	D 0 4	Y 0 9	Amount 30.00
Full Name of Contributor Jack Wills					Registration Number, if PAC		
Street Address 469 Beaverbrook Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Gahanna		State O H	Zip Code 43230	M 0 5	D 0 4	Y 0 9	Amount 30.00
Full Name of Contributor Kathleen Murdock					Registration Number, if PAC		
Street Address 2301 Nayland Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43220	M 0 5	D 0 4	Y 0 9	Amount 85.00
Full Name of Contributor Rita Furniss					Registration Number, if PAC		
Street Address 2972 Arrowsmith Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Reynoldsburg		State O H	Zip Code 43068	M 0 5	D 0 4	Y 0 9	Amount 25.00
Full Name of Contributor Linda Miller					Registration Number, if PAC		
Street Address 839 Euclaire Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Bexley		State O H	Zip Code 43209	M 0 5	D 0 4	Y 0 9	Amount 25.00
Full Name of Contributor Gail Wright					Registration Number, if PAC		
Street Address 2585 Darling Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Blacklick		State O H	Zip Code 43004	M 0 5	D 0 4	Y 0 9	Amount 100.00
Full Name of Contributor James Sullivan					Registration Number, if PAC		
Street Address 171 Meadow Ridge Ct			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Powell		State O H	Zip Code 43065	M 0 5	D 0 4	Y 0 9	Amount 100.00
Full Name of Contributor Michael Beck					Registration Number, if PAC		
Street Address 608 Rambling Brook Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Pickerington		State O H	Zip Code 43147	M 0 5	D 0 4	Y 0 9	Amount 25.00

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Statement of Contributions Received

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Name of Committee in Full Groveport Madison Committee For Better Schools						
Full Name of Contributor Life Touch National School Studios				Registration Number, if PAC		
Street Address 11000 Viking Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Eden Prairie	State M N	Zip Code 55344	M 0 5	D 0 4	Y 0 9	Amount 400.00
Full Name of Contributor T Shirts				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check/Cash	
City	State	Zip Code	M 0 5	D 0 4	Y 0 9	Amount 299.95
Full Name of Contributor Pizza Dinner				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check/Cash	
City	State	Zip Code	M 0 5	D 0 4	Y 0 9	Amount 793.00
Full Name of Contributor T Shirts				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City	State	Zip Code	M 0 6	D 0 3	Y 0 9	Amount 28.00
Full Name of Contributor Huntington National Bank				Registration Number, if PAC		
Street Address PO Box 1558		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43219	M 0 6	D 0 3	Y 0 9	Amount 500.00
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

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Groveport Madison Committee For Better Schools							
Full Name of Contributor Heidi Day					Registration Number, if PAC		
Street Address 8467 Kingsley Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Reynoldsburg		State O H		Zip Code 43068		M D Y 0 6 0 3 0 9	Amount 6.00
Full Name of Contributor Patricia Fletcher					Registration Number, if PAC		
Street Address 12176 Woodrow Lane			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Pickerington		State O H		Zip Code 43147		M D Y 0 6 0 3 0 9	Amount 6.00
Full Name of Contributor Kathy Hinton					Registration Number, if PAC		
Street Address 8370 Bruce Ct			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Canal Winchester		State O H		Zip Code 43110		M D Y 0 6 0 3 0 9	Amount 6.00
Full Name of Contributor Aimee Holloway					Registration Number, if PAC		
Street Address 448 Crestmoore Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Groveport		State O H		Zip Code 43125		M D Y 0 6 0 3 0 9	Amount 30.00
Full Name of Contributor Janis Imwalle					Registration Number, if PAC		
Street Address 690 Waybaugh Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Gahanna		State O H		Zip Code 43230		M D Y 0 6 0 3 0 9	Amount 6.00
Full Name of Contributor H Scott McKenzie					Registration Number, if PAC		
Street Address 1814 Millwood Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Upper Arlington		State O H		Zip Code 43221		M D Y 0 6 0 3 0 9	Amount 30.00
Full Name of Contributor Susan Moore					Registration Number, if PAC		
Street Address 5075 Cherry Blossom Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Groveport		State O H		Zip Code 43125		M D Y 0 6 0 3 0 9	Amount 6.00
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

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Groveport Madison Committee For Better Schools							
Full Name of Contributor Heidi Day					Registration Number, if PAC		
Street Address 8467 Kingsley Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Reynoldsburg		State O H	Zip Code 43068	M 0 4	D 1 7	Y 0 9	Amount 3.00
Full Name of Contributor Patricia Fletcher					Registration Number, if PAC		
Street Address 12176 Woodrow Lane			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Pickerington		State O H	Zip Code 43147	M 0 4	D 1 7	Y 0 9	Amount 3.00
Full Name of Contributor Kathy Hinton					Registration Number, if PAC		
Street Address 8370 Bruce Ct			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Canal Winchester		State O H	Zip Code 43110	M 0 4	D 1 7	Y 0 9	Amount 3.00
Full Name of Contributor Aimee Holloway					Registration Number, if PAC		
Street Address 448 Crestmoore Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Groveport		State O H	Zip Code 43125	M 0 4	D 1 7	Y 0 9	Amount 15.00
Full Name of Contributor Janis Imwalle					Registration Number, if PAC		
Street Address 690 Waybaugh Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Gahanna		State O H	Zip Code 43230	M 0 4	D 1 7	Y 0 9	Amount 3.00
Full Name of Contributor H Scott McKenzie					Registration Number, if PAC		
Street Address 1814 Millwood Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Upper Arlington		State O H	Zip Code 43221	M 0 4	D 1 7	Y 0 9	Amount 15.00
Full Name of Contributor Susan Moore					Registration Number, if PAC		
Street Address 5075 Cherry Blossom Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Groveport		State O H	Zip Code 43125	M 0 4	D 1 7	Y 0 9	Amount 3.00
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

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Groveport Madison Committee For Better Schools							
Full Name of Contributor GMJHS PTO					Registration Number, if PAC		
Street Address 751 Main St.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Groveport		State O H	Zip Code 43125	M 0 4	D 1 7	Y 0 9	Amount 25.00
Full Name of Contributor Jeffrey Mackey					Registration Number, if PAC		
Street Address 1538 Melrose Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43224	M 0 4	D 1 7	Y 0 9	Amount 125.00
Full Name of Contributor Brooke Hippler					Registration Number, if PAC		
Street Address 7300 Crossett Ct			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Canal Winchester		State O H	Zip Code 43110	M 0 4	D 1 7	Y 0 9	Amount 40.00
Full Name of Contributor Donis Toler					Registration Number, if PAC		
Street Address 4694 Chantry Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Galena		State O H	Zip Code 43021	M 0 4	D 1 7	Y 0 9	Amount 20.00
Full Name of Contributor Madison Elementary PTO					Registration Number, if PAC		
Street Address 4600 Madison School Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43232	M 0 4	D 1 7	Y 0 9	Amount 100.00
Full Name of Contributor Margaret Beaver					Registration Number, if PAC		
Street Address PO Box 28729			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43228	M 0 4	D 1 7	Y 0 9	Amount 50.00
Full Name of Contributor Joyce Lifer Disharoon					Registration Number, if PAC		
Street Address 3305 Cinn-Zanesville Rd. SW			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Lancaster		State O H	Zip Code 43130	M 0 4	D 1 7	Y 0 9	Amount 25.00
Full Name of Contributor Judi Eisel					Registration Number, if PAC		
Street Address 5736 Mist Flower Lane			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City Westerville		State O H	Zip Code 43082	M 0 4	D 1 7	Y 0 9	Amount 50.00

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Groveport Madison Committee For Better Schools							
Full Name of Contributor Cydi Toledo					Registration Number, if PAC		
Street Address 7160 Old Creek LN			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Canal Winchester		State O H	Zip Code 43110	M 0 4	D 1 7	Y 0 9	Amount 25.00
Full Name of Contributor Simon Roofing and Sheet Metal Corp					Registration Number, if PAC		
Street Address 70 Karago Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Youngstown		State O H	Zip Code 44512	M 0 4	D 1 7	Y 0 9	Amount 1,000.00
Full Name of Contributor Daniel & Eric Zidel DDS					Registration Number, if PAC		
Street Address 4575 Winchester Pike			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43232	M 0 4	D 1 7	Y 0 9	Amount 50.00
Full Name of Contributor Petermann LTD					Registration Number, if PAC		
Street Address 8041 Hosbrook Rd. Ste 330			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Cincinnati		State O H	Zip Code 45236	M 0 4	D 1 7	Y 0 9	Amount 1,000.00
Full Name of Contributor Steve Morris					Registration Number, if PAC		
Street Address 655 Blacklick St.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City Groveport		State O H	Zip Code 43125	M 0 4	D 1 7	Y 0 9	Amount 20.00
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

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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Groveport Madison Committee For Better Schools						
Full Name Huntington National Bank				Registration Number, if PAC		
Address 556 Main Street	Type*		M	D	Y	Amount
City Groveport	State O H	Zip Code 43125	0 4	3 0	0 9	0.24
Form(Cash,Check,etc) Cash						
Full Name Huntington National Bank				Registration Number, if PAC		
Address 556 Main Street	Type*		M	D	Y	Amount
City Groveport	State O H	Zip Code 43125	0 5	3 1	0 9	0.23
Form(Cash,Check,etc) Cash						
Full Name Huntington National Bank				Registration Number, if PAC		
Address 556 Main Street	Type*		M	D	Y	Amount
City Groveport	State O H	Zip Code 43125	0 2	0 4	0 9	0.27
Form(Cash,Check,etc)						
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code				
Form(Cash,Check,etc)						
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code				
Form(Cash,Check,etc)						
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code				
Form(Cash,Check,etc)						
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code				
Form(Cash,Check,etc)						

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full												
Groveport Madison Committee For Better Schools												
To Whom Paid						M	D	Y	Amount			
Martha Prince						0	4	1	7	0	9	462.29
Address			Purpose									
8082 Pontius Rd.			Campaign Supplies									
City		State	Zip Code	Check Number								
Groveport		O H	43125	1054								
To Whom Paid						M	D	Y	Amount			
Chris Bowser						0	5	0	4	0	9	136.93
Address			Purpose									
7788 Tokatee			Campaign Supplies									
City		State	Zip Code	Check Number								
Pickerington		O H	43147	1055								
To Whom Paid						M	D	Y	Amount			
The Sign Station						0	4	2	4	0	9	441.00
Address			Purpose									
3132 S Hamilton Rd.			Campaign T Shirts									
City		State	Zip Code	Check Number								
Columbus		O H	43232	1056								
To Whom Paid						M	D	Y	Amount			
Postmaster						0	4	2	8	0	9	189.00
Address			Purpose									
Main Street			Postage									
City		State	Zip Code	Check Number								
Groveport		O H	43125	1057								
To Whom Paid						M	D	Y	Amount			
Postmaster						0	5	0	1	0	9	1,047.20
Address			Purpose									
Main Street			Postage									
City		State	Zip Code	Check Number								
Groveport		O H	43125	1058								
To Whom Paid						M	D	Y	Amount			
Postmaster						0	5	0	1	0	9	201.60
Address			Purpose									
Main Street			Postage									
City		State	Zip Code	Check Number								
Groveport		O H	43125	1059								
To Whom Paid						M	D	Y	Amount			
Martha Prince						0	5	0	1	0	9	163.80
Address			Purpose									
8082 Pontius Rd.			Postage									
City		State	Zip Code	Check Number								
Groveport		O H	43125	1060								
To Whom Paid						M	D	Y	Amount			
Postmaster						0	5	0	1	0	9	19.05
Address			Purpose									
Main Street			Postage									
City		State	Zip Code	Check Number								
Groveport		O H	43125	1061								

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Groveport Madison Committee For Better Schools												
To Whom Paid Russett Lithokraft						M	D	Y	Amount			
						0	5	0	4	0	9	378.42
Address 4411 Marketing Place				Purpose Campaign Postcards								
City Groveport		State O H		Zip Code 43125		Check Number 1062						
To Whom Paid Columbus Messenger						M	D	Y	Amount			
						0	5	1	2	0	9	926.60
Address 3500 Sullivant Ave				Purpose Campaign Advertisement								
City Columbus		State O H		Zip Code 43204		Check Number 1063						
To Whom Paid Scott McKenzie						M	D	Y	Amount			
						0	5	2	6	0	9	1,725.73
Address 1814 Millwood Dr				Purpose Campaign Phone Bank								
City Columbus		State O H		Zip Code 43221		Check Number 1064						
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						