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# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY  
BOARD OF ELECTIONS

Full Name of Committee <b>Our Community, Our Schools</b>							Registration Number, if PAC			
Full Name of Candidate										
Street Address <b>211 East Schrock Road</b>						Office Sought		District		
City <b>Westerville</b>						State <b>O   H</b>	Zip Code <b>43081</b>			
Type of Report (place X to the left of report type)	Pre-Primary		<b>X</b>	Post-Primary		Pre-General		Post-General		Annual Year <b>2009</b>
	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>0   5</b>	D <b>0   5</b>	Y <b>0   9</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	\$	9,115.69
2. Total monetary contributions (From Form No. 31-A)	\$	11,735.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	20,850.69
5. Total monetary expenditures (From Form No. 31-B)	\$	11,356.94
6. Balance on hand (line 4 minus line 5)	\$	9,493.75
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0.00
12. Value of independent expenditures made (From Form No. 31-I)	\$	0.00
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

Larry C. Jenkins, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

*Larry C. Jenkins*  
Signature

*6/10/09*  
Date

Contribution pages 5

Expenditure pages 2

Other pages 0

Total pages 7

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Our Community, Our Schools</b>							
Full Name of Contributor <b>Mark Twain PTA</b>					Registration Number, if PAC		
Street Address <b>799 E. Walnut Street</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>0</b>	D <b>4</b>	Y <b>09</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Westerville North Athletic Booster Club</b>					Registration Number, if PAC		
Street Address <b>950 County Line Road</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>0</b>	D <b>4</b>	Y <b>21</b>	Amount <b>500.00</b>	
Full Name of Contributor <b>Louis R. Polster Co.</b>					Registration Number, if PAC		
Street Address <b>P.O. Box 2016</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43216</b>	M <b>0</b>	D <b>4</b>	Y <b>02</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>MT Business Technologies</b>					Registration Number, if PAC		
Street Address <b>P.O. Box 37</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>		
City <b>Mansfield</b>	State <b>O   H</b>	Zip Code <b>44901</b>	M <b>0</b>	D <b>4</b>	Y <b>22</b>	Amount <b>750.00</b>	
Full Name of Contributor <b>Gary &amp; Debra Ubry</b>					Registration Number, if PAC		
Street Address <b>7293 Hawksbeard Drive</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>0</b>	D <b>4</b>	Y <b>16</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Arthur &amp; Louise Schultz</b>					Registration Number, if PAC		
Street Address <b>151 Sandstone Loop W</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>0</b>	D <b>3</b>	Y <b>15</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Laura Lipsett Long</b>					Registration Number, if PAC		
Street Address <b>5722 Sandalwood 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>43229</b>	M <b>0</b>	D <b>4</b>	Y <b>19</b>	Amount <b>90.00</b>	
Full Name of Contributor <b>David &amp; Kathy Cocuzzi</b>					Registration Number, if PAC		
Street Address <b>1029 Bluesail Drive</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>0</b>	D <b>4</b>	Y <b>22</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>Our Community, Our Schools</b>							
Full Name of Contributor <b>Lynne Maslowski</b>				Registration Number, if PAC			
Street Address <b>2717 Alder Vista Drive</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43231</b>	M <b>0</b>	D <b>4</b>	Y <b>2 3</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Marcy Ey</b>				Registration Number, if PAC			
Street Address <b>7672 Danbrudge Way</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>0</b>	D <b>4</b>	Y <b>2 2</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Mary Joy Rose</b>				Registration Number, if PAC			
Street Address <b>2945 Berry Lane Court</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43231</b>	M <b>0</b>	D <b>4</b>	Y <b>0 1</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Kendall &amp; Cheryl Harris</b>				Registration Number, if PAC			
Street Address <b>1232 Canterhurst Street</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>		
City <b>Blacklick</b>	State <b>O   H</b>	Zip Code <b>43004</b>	M <b>0</b>	D <b>4</b>	Y <b>0 8</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Eric &amp; Susan Busch</b>				Registration Number, if PAC			
Street Address <b>481 Havendale Drive</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>0</b>	D <b>4</b>	Y <b>2 2</b>	Amount <b>75.00</b>	
Full Name of Contributor <b>Kurt Yancey</b>				Registration Number, if PAC			
Street Address <b>3448 Katie Drive</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43221</b>	M <b>0</b>	D <b>4</b>	Y <b>2 4</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Mary Campbell Staebler</b>				Registration Number, if PAC			
Street Address <b>6959 Stillwater Cove</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>0</b>	D <b>4</b>	Y <b>2 3</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Bob &amp; Shaney Lynde</b>				Registration Number, if PAC			
Street Address <b>2961 Columbus Road</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>		
City <b>Centerburg</b>	State <b>O   H</b>	Zip Code <b>43011</b>	M <b>0</b>	D <b>4</b>	Y <b>2 0</b>	Amount <b>40.00</b>	

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# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Our Community, Our Schools</b>						
Full Name of Contributor <b>Metical Mutual of Ohio</b>				Registration Number, if PAC		
Street Address <b>2060 East Ninth Street</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Cleveland</b>	State <b>O   H</b>	Zip Code <b>44115</b>	M <b>0</b>	D <b>4</b>	Y <b>2 9 0 9</b>	Amount <b>1,500.00</b>
Full Name of Contributor <b>Huntington National Bank</b>				Registration Number, if PAC		
Street Address <b>P.O. Box 1558</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>0</b>	D <b>5</b>	Y <b>0 6 0 9</b>	Amount <b>1,000.00</b>
Full Name of Contributor <b>MT Business Technologies</b>				Registration Number, if PAC		
Street Address <b>P.O. Box 37</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Mansfield</b>	State <b>O   H</b>	Zip Code <b>44901</b>	M <b>0</b>	D <b>4</b>	Y <b>2 9 0 9</b>	Amount <b>1,500.00</b>
Full Name of Contributor <b>Energy Education, Inc</b>				Registration Number, if PAC		
Street Address <b>P.O. Box 780</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Wichita Falls</b>	State <b>T   X</b>	Zip Code <b>76307</b>	M <b>0</b>	D <b>4</b>	Y <b>1 0 0 9</b>	Amount <b>600.00</b>
Full Name of Contributor <b>Stifel Nicolaus</b>				Registration Number, if PAC		
Street Address <b>501 N. Broadway</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>St. Louis</b>	State <b>M   O</b>	Zip Code <b>63102</b>	M <b>0</b>	D <b>5</b>	Y <b>0 4 0 9</b>	Amount <b>1,000.00</b>
Full Name of Contributor <b>Westerville Central Athletic Booster Club</b>				Registration Number, if PAC		
Street Address <b>7118 Mount Royal Avenue</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>0</b>	D <b>4</b>	Y <b>2 4 0 9</b>	Amount <b>2,000.00</b>
Full Name of Contributor <b>Westerville South Athletic Boosters</b>				Registration Number, if PAC		
Street Address <b>303 S. Otterbein Avenue</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>0</b>	D <b>5</b>	Y <b>0 7 0 9</b>	Amount <b>500.00</b>
Full Name of Contributor <b>Westerville Special Needs PTA</b>				Registration Number, if PAC		
Street Address <b>975 East Wind Drive, Suite 200</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>0</b>	D <b>4</b>	Y <b>0 3 0 9</b>	Amount <b>200.00</b>

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# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Our Community, Our Schools</b>						
Full Name of Contributor <b>Westerville Education Association</b>				Registration Number, if PAC		
Street Address <b>519 South Otterbein Avenue</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>0</b>	D <b>4</b>	Y <b>2 9 0 9</b>	Amount <b>450.00</b>
Full Name of Contributor <b>James &amp; Patricia Burnes</b>				Registration Number, if PAC		
Street Address <b>2428 Canterbury Road</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43221</b>	M <b>0</b>	D <b>5</b>	Y <b>0 1 0 9</b>	Amount <b>300.00</b>
Full Name of Contributor <b>James &amp; Janet Davis</b>				Registration Number, if PAC		
Street Address <b>447 Six Pence Circle</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>0</b>	D <b>4</b>	Y <b>1 0 0 9</b>	Amount <b>30.00</b>
Full Name of Contributor <b>Randy &amp; Teresa Lott</b>				Registration Number, if PAC		
Street Address <b>13670 Halloon Lane</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>0</b>	D <b>4</b>	Y <b>2 3 0 9</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Leslie &amp; April Mann</b>				Registration Number, if PAC		
Street Address <b>290 Baldwin Court</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>0</b>	D <b>4</b>	Y <b>2 3 0 9</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Randy &amp; Jennifer Snyder</b>				Registration Number, if PAC		
Street Address <b>6155 Albany Crest Avenue</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>New Albany</b>	State <b>O   H</b>	Zip Code <b>43054</b>	M <b>0</b>	D <b>4</b>	Y <b>2 7 0 9</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Pamela Potter</b>				Registration Number, if PAC		
Street Address <b>847 Twp Road 2104</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Credit Card</b>	
City <b>Sashland</b>	State <b>O   H</b>	Zip Code <b>44805</b>	M <b>0</b>	D <b>4</b>	Y <b>2 3 0 9</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Todd Spinner</b>				Registration Number, if PAC		
Street Address <b>5784 Greenfield Drive</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Credit Card</b>	
City <b>Galena</b>	State <b>O   H</b>	Zip Code <b>43021</b>	M <b>0</b>	D <b>4</b>	Y <b>2 3 0 9</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>Our Community, Our Schools</b>						
Full Name of Contributor <b>Robert Hoffman</b>				Registration Number, if PAC		
Street Address <b>106 Executive Court</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>credit card</b>	
City <b>Westerville</b>	State <b>O   H</b>	Zip Code <b>43081</b>	M <b>0</b>	D <b>4</b>	Y <b>2   4   0   9</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Jason Yanni</b>				Registration Number, if PAC		
Street Address <b>21 Honey Court</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>credit card</b>	
City <b>Westerville</b>	State <b>O   H</b>	Zip Code <b>43081</b>	M <b>0</b>	D <b>4</b>	Y <b>2   6   0   9</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Jerri Shearer</b>				Registration Number, if PAC		
Street Address <b>1006 Landinds Loop N</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>credit card</b>	
City <b>Westerville</b>	State <b>O   H</b>	Zip Code <b>43082</b>	M <b>0</b>	D <b>4</b>	Y <b>2   7   0   9</b>	Amount <b>50.00</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

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# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full												
Our Community, Our Schools												
To Whom Paid						M	D	Y	Amount			
Rick Bannister						0	4	2	2	0	9	360.00
Address				Purpose								
124 Hampton E.				Non-Profit Postage Permit								
City		State		Zip Code		Check Number						
Westerville		O   H		43081		1008						
To Whom Paid						M	D	Y	Amount			
US Postmaster						0	4	2	7	0	9	1,385.72
Address				Purpose								
State Street Office				Postage for 2nd Campaign Mailer								
City		State		Zip Code		Check Number						
Westerville		O   H		43081		1009						
To Whom Paid						M	D	Y	Amount			
One Call Now						0	5	2	0	0	9	780.50
Address				Purpose								
726 Grant Street				GOTV Electronic Phone Calls								
City		State		Zip Code		Check Number						
Troy		O   H		45373		1010						
To Whom Paid						M	D	Y	Amount			
Richardson Printing Corp						0	5	2	0	0	9	2,149.22
Address				Purpose								
P.O. Box 663				Postage for Chaser Postcard								
City		State		Zip Code		Check Number						
Marietta		O   H		45750		1011						
To Whom Paid						M	D	Y	Amount			
Richardson Printing Corp						0	5	2	0	0	9	1,685.25
Address				Purpose								
P.O. Box 663				Printing of Chaser Postcard								
City		State		Zip Code		Check Number						
Marietta		O   H		45750		1012						
To Whom Paid						M	D	Y	Amount			
Richardson Printing Corp						0	5	2	0	0	9	1,688.46
Address				Purpose								
P.O. Box 663				Door Hander Development & Printing								
City		State		Zip Code		Check Number						
Marietta		O   H		45750		1013						
To Whom Paid						M	D	Y	Amount			
Publication Specialist						0	5	2	0	0	9	810.00
Address				Purpose								
120 Burns Avenue				Desgin of Postcard and Door Hander								
City		State		Zip Code		Check Number						
Cincinnati		O   H		45215		1014						
To Whom Paid						M	D	Y	Amount			
Avakian Consulting						0	6	0	2	0	9	2,000.00
Address				Purpose								
1215 Polaris Parkway Suite 114				Mail Design Consulting								
City		State		Zip Code		Check Number						
Columbus		O   H		43240		1015						

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Our Community, Our Schools</b>										
To Whom Paid <b>Sandman Gourmet Catering</b>						M	D	Y	Amount 250.00	
Address 440 Polaris Parkway Suite 160						Purpose Food for Thank-you & Fall Levy Kick off Party				
City Westerville			State O   H	Zip Code 43082	Check Number 1016					
To Whom Paid <b>Infintech</b>						M	D	Y	Amount 15.16	
Address 4010 Executive Park Drive, Suite 300						Purpose Authnet Gateway Payment Processing Billing				
City Cincinnati			State O   H	Zip Code 45241	Check Number N/A					
To Whom Paid <b>Infintech</b>						M	D	Y	Amount 90.00	
Address 4010 Executive Park Drive, Suite 300						Purpose Auth.net Gateway Setup Fee				
City Cincinnati			State O   H	Zip Code 45241	Check Number N/A					
To Whom Paid <b>Infintech</b>						M	D	Y	Amount 10.00	
Address 4010 Executive Park Drive, Suite 300						Purpose Authnet Gateway Payment Processing Billing				
City Cincinnati			State O   H	Zip Code 45241	Check Number N/A					
To Whom Paid <b>Retriever Payment Systems</b>						M	D	Y	Amount 103.63	
Address 20405 State Hwy 249 Ste 700						Purpose NPC Merch Payment Processing Fee				
City Houston			State T   X	Zip Code 77070	Check Number N/A					
To Whom Paid <b>Retriever Payment Systems</b>						M	D	Y	Amount 29.00	
Address 20405 State Hwy 249 Ste 700						Purpose NPC Merch Payment Processing Fee				
City Houston			State T   X	Zip Code 77070	Check Number N/A					
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					