Statement of Contributions Received

Prescribed by Secretary of State 3/05

					MANAGEM PARAM			
Name of Committee in Full								
Mindy Garverick for School Board		22M22M22M24M3			imaminimani			
Full Name of Contributor					Registration Number, if PAC			
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Street Address	1	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
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	TO COMMAND		L. C.	a.v.				
Full Name of Contributor Registration Number, if PAC							AC .	
Street Address	Employer/Occupation/Labor Organization*				ALCOHOLOGICA CONTRACTOR		Form (Cash, Check, etc.)	

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* 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)]

Page Total \$ 61.00