Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								\neg	
	Board							ł	
Mindy Garverick for School Board Full Name of Contributor					Registration Number, if PAC				
Mindy Garverick									
Street Address	Employer	lecuns:	tion/Labor Organization*				Form (Cash, Check, etc.)	_	
	Dynamic Pathways						Bank transfer		
1135 White Road		State Zip Code			D	Y	Amount	\dashv	
City		Н	43123	$\begin{bmatrix} M \\ 0 \end{bmatrix} 9$		1 0		00	
Grove City	<u> </u>	11	43123			ber, if PA		$\stackrel{\circ\circ}{-}$	
Full Name of Contributor				Registra	uon ruun	001, 11 1 1			
Mindy Garverick	le 1		double to Occasionis				Form (Cash, Check, etc.)		
Street Address		Employer/Occupation/Labor Organization*					Bank transfer		
1135 White Road		Dynamic Pathways State Zip Code			D	Y	Amount	\dashv	
City	State		l •	M	l .	1 0		00	
Grove City	0	Н	43123	1 0		ber, it PA		00	
Full Name of Contributor				Registra	tion Num	ber, it i'	ic .		
Mindy Garverick							Form (Cash, Check, etc.)	\dashv	
Street Address	1 ' '	_	ation/Labor Organization*				1		
1135 White Road			Pathways		1 15	T 1/2	Bank transfer		
City	State		Zip Code	M	D	Y	Amount	00	
Grove City	0	Н	43123	1 1	1 2			.00	
Full Name of Contributor				Registra	ition Nun	ber, if PA	AC		
Mindy Garverick									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
1135 White Road	Dyna	Dynamic Pathways					Bank transfer		
City	State		Zip Code	M,	P	Y	Amount	00	
Grove City	0	H	43123	1 2		1 0		.00	
Full Name of Contributor				Registre	ation Nun	aber, if Pa	AC		
Street Address	Employer/	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.))			
Street Address		•	•						
City	State	e	Zip Code	М	D	Y	Amount		
Full Name of Contributor			 	Registr	ution Nur	nber, if P	AC		
Street Address	Employer	Ocean	ation/Labor Organization*				Form (Cash, Check, etc.)	,	
Street Address	Linproy vii								
City	Stat	е	Zip Code	M	D	Y	Amount	-	
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Full Name of Contributor				Registr	ation Nu	nber, if P	AC		
	Employer	Occur	oation/Labor Organization*				Form (Cash, Check, etc.))	
Street Address	Employer	Сесир	SHOW LABOR Organization						
City	Sta	te	Zip Code	M	D	Y	Amount		
				D - inte	ntion Mu	mber, if F	AC .		
Full Name of Contributor				Kegisu	жиоп ми	moci, ii r	AC		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
			7: 0.1	М	D	ΤŸ	Amount		
City	Sta	ıe.	Zip Code	IVI	1	'1	inount		
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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 S	20.00