

*OK  
Posted 6/25  
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# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

|  |                 |  |   |  |                      |                             |              |                          |                            |
|--|-----------------|--|---|--|----------------------|-----------------------------|--------------|--------------------------|----------------------------|
| Full Name of Committee<br><b>Mark A. Preston for Judge Committee</b>                   |                 |  |   |  |                      | Registration Number, if PAC |              |                          |                            |
| Full Name of Candidate<br><b>Mark A. Preston</b>                                       |                 |  |   |  |                      |                             |              |                          |                            |
| Street Address<br><b>18 East Second Street</b>   |                 |  |   |  |                      | Office Sought               |              | District                 |                            |
| City<br><b>Chillicothe</b>   |                 |  |   |  |                      | State<br><b>O</b>           | H            | Zip Code<br><b>45601</b> |                            |
| Type of Report<br>(place X to the left of report type)                                 | Pre-Primary     |  | <b>X</b> Post-Primary   |  | Pre-General          |                             | Post-General |                          | Annual Year<br><b>2010</b> |
|  | July<br>Monthly |  | August<br>Monthly   |  | September<br>Monthly |                             | Termination  |                          | Semiannual                 |
| Amended Report?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                 |  | Report Electronically filed?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                      | Date of Election            |              |                          | M<br><b>1</b>              |
|  |                 |  |   |  |                      |                             |              |                          | D<br><b>1</b>              |
|  |                 |  |   |  |                      |                             |              |                          | Y<br><b>0</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                         | \$ | 2,150.50 |
| 2. Total monetary contributions (From Form No. 31-A)               | \$ | 1,825.00 |
| 3. Total other income (From Form No. 31-A-2)                       | \$ | 0.00     |
| 4. Total funds available (sum of lines 1, 2, 3)                    | \$ | 3,975.50 |
| 5. Total monetary expenditures (From Form No. 31-B)                | \$ | 282.04   |
| 6. Balance on hand (line 4 minus line 5)                           | \$ | 3,693.46 |
| 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-H)       | \$ | 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-U)    | \$ | 0.00     |
| 13. For Electronic Filing Entities only                            | \$ |          |
| Sum of lines 2, 7 and amount of any new loans received this period | \$ |          |

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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

Teresca L. Rittenour, Treasurer      Teresca L. Rittenour, Treasurer      6-11-10  
Print Name and Title (Treasurer and Deputy Treasurer only)      Signature      Date

Contribution pages 4

Expenditure pages 1

Other pages \_\_\_\_\_

Total pages 5

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

|  |  |              |   |          |          |                                   |                  |
|--|--|--------------|---|----------|----------|-----------------------------------|------------------|
| Name of Committee in Full<br>Mark A. Preston for Judge Committee |  |              |   |          |          |                                   |                  |
| Full Name of Contributor<br>Robert H. Stoffers                   |  |              |   |          |          | Registration Number, if PAC       |                  |
| Street Address<br>3700 Scioto Run Blvd.                          |  |              | Employer/Occupation/Labor Organization* |          |          | Form (Cash, Check, etc.)<br>check |                  |
| City<br>Hilliard   |  | State<br>O H | Zip Code<br>43026                       | M<br>0 4 | D<br>1 4 | Y<br>1 0                          | Amount<br>50.00  |
| Full Name of Contributor<br>Warren Law Firm, LLC                 |  |              |   |          |          | Registration Number, if PAC       |                  |
| Street Address<br>6 Consumer Center Dr.                          |  |              | Employer/Occupation/Labor Organization* |          |          | Form (Cash, Check, etc.)<br>check |                  |
| City<br>Chillicothe  |  | State<br>O H | Zip Code<br>45601                       | M<br>0 4 | D<br>1 5 | Y<br>1 0                          | Amount<br>200.00 |
| Full Name of Contributor<br>Frederick Hunker                     |  |              |   |          |          | Registration Number, if PAC       |                  |
| Street Address<br>228 Glencoe Rd.                                |  |              | Employer/Occupation/Labor Organization* |          |          | Form (Cash, Check, etc.)<br>check |                  |
| City<br>Columbus   |  | State<br>O H | Zip Code<br>43214                       | M<br>0 4 | D<br>1 6 | Y<br>1 0                          | Amount<br>50.00  |
| Full Name of Contributor<br>Kenneth W. Berchak                   |  |              |   |          |          | Registration Number, if PAC       |                  |
| Street Address<br>6939 Watkins Rd.                               |  |              | Employer/Occupation/Labor Organization* |          |          | Form (Cash, Check, etc.)<br>check |                  |
| City<br>Delaware   |  | State<br>O H | Zip Code<br>43015-9100                  | M<br>0 4 | D<br>1 6 | Y<br>1 0                          | Amount<br>25.00  |
| Full Name of Contributor<br>E.J. Phillips                        |  |              |   |          |          | Registration Number, if PAC       |                  |
| Street Address<br>69 W. Second Street                            |  |              | Employer/Occupation/Labor Organization* |          |          | Form (Cash, Check, etc.)<br>check |                  |
| City<br>Chillicothe  |  | State<br>O H | Zip Code<br>45601                       | M<br>0 4 | D<br>1 9 | Y<br>1 0                          | Amount<br>50.00  |
| Full Name of Contributor<br>Barbara E. Seigneur                  |  |              |   |          |          | Registration Number, if PAC       |                  |
| Street Address<br>46 Fruit Hill Drive                            |  |              | Employer/Occupation/Labor Organization* |          |          | Form (Cash, Check, etc.)<br>check |                  |
| City<br>Chillicothe  |  | State<br>O H | Zip Code<br>45601                       | M<br>0 4 | D<br>2 0 | Y<br>1 0                          | Amount<br>100.00 |
| Full Name of Contributor<br>John H. Mayfield                     |  |              |   |          |          | Registration Number, if PAC       |                  |
| Street Address<br>36 Page Road                                   |  |              | Employer/Occupation/Labor Organization* |          |          | Form (Cash, Check, etc.)<br>check |                  |
| City<br>Chillicothe  |  | State<br>O H | Zip Code<br>45601                       | M<br>0 4 | D<br>2 0 | Y<br>1 0                          | Amount<br>50.00  |
| Full Name of Contributor<br>Cecil & Geiser, LLP                  |  |              |   |          |          | Registration Number, if PAC       |                  |
| Street Address<br>495 South High Street, Suite 400               |  |              | Employer/Occupation/Labor Organization* |          |          | Form (Cash, Check, etc.)<br>check |                  |
| City<br>Columbus   |  | State<br>O H | Zip Code<br>43215                       | M<br>0 4 | D<br>2 0 | Y<br>1 0                          | Amount<br>200.00 |

\* 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<br>Mark A. Preston for Judge Committee |  |                |   |                        |  |                                    |                                   |                  |  |
| Full Name of Contributor<br>Diane Price                          |  |                |   |                        |  | Registration Number, if PAC        |                                   |                  |  |
| Street Address<br>1711 US Rt. 50                                 |  |                | Employer/Occupation/Labor Organization* |                        |  |                                    | Form (Cash, Check, etc.)<br>check |                  |  |
| City<br>Chillicothe  |  | State<br>O   H |   | Zip Code<br>45601      |  | M   D   Y<br>0   4   1   9   1   0 |                                   | Amount<br>50.00  |  |
| Full Name of Contributor<br>Leanna M. Tuvell                     |  |                |   |                        |  | Registration Number, if PAC        |                                   |                  |  |
| Street Address<br>145 Maple Grove Rd.                            |  |                | Employer/Occupation/Labor Organization* |                        |  |                                    | Form (Cash, Check, etc.)<br>check |                  |  |
| City<br>Chillicothe  |  | State<br>O   H |   | Zip Code<br>456601     |  | M   D   Y<br>0   4   1   9   1   0 |                                   | Amount<br>50.00  |  |
| Full Name of Contributor<br>John K. Clark, Jr.                   |  |                |   |                        |  | Registration Number, if PAC        |                                   |                  |  |
| Street Address<br>14 South Paint Street, Cuite 10-14             |  |                | Employer/Occupation/Labor Organization* |                        |  |                                    | Form (Cash, Check, etc.)<br>check |                  |  |
| City<br>Chillicothe  |  | State<br>O   H |   | Zip Code<br>45601      |  | M   D   Y<br>0   4   1   6   1   0 |                                   | Amount<br>50.00  |  |
| Full Name of Contributor<br>Margaret A. Seitz                    |  |                |   |                        |  | Registration Number, if PAC        |                                   |                  |  |
| Street Address<br>61 Fruithill Drive                             |  |                | Employer/Occupation/Labor Organization* |                        |  |                                    | Form (Cash, Check, etc.)<br>check |                  |  |
| City<br>Chillicothe  |  | State<br>O   H |   | Zip Code<br>45601-1134 |  | M   D   Y<br>0   4   2   1   1   0 |                                   | Amount<br>25.00  |  |
| Full Name of Contributor<br>Jennifer Parrett                     |  |                |   |                        |  | Registration Number, if PAC        |                                   |                  |  |
| Street Address<br>273 Little Theatre Road                        |  |                | Employer/Occupation/Labor Organization* |                        |  |                                    | Form (Cash, Check, etc.)<br>check |                  |  |
| City<br>Waverly  |  | State<br>O   H |   | Zip Code<br>45690      |  | M   D   Y<br>0   4   2   2   1   0 |                                   | Amount<br>50.00  |  |
| Full Name of Contributor<br>Kyle Crane                           |  |                |   |                        |  | Registration Number, if PAC        |                                   |                  |  |
| Street Address<br>395 Creekside Dr.                              |  |                | Employer/Occupation/Labor Organization* |                        |  |                                    | Form (Cash, Check, etc.)<br>check |                  |  |
| City<br>Cleveland  |  | State<br>O   H |   | Zip Code<br>44102      |  | M   D   Y<br>0   4   2   8   1   0 |                                   | Amount<br>100.00 |  |
| Full Name of Contributor<br>Rhonda L. Nein                       |  |                |   |                        |  | Registration Number, if PAC        |                                   |                  |  |
| Street Address<br>2291 Scioto Harper Dr.                         |  |                | Employer/Occupation/Labor Organization* |                        |  |                                    | Form (Cash, Check, etc.)<br>check |                  |  |
| City<br>Columbus   |  | State<br>O   H |   | Zip Code<br>43204-3495 |  | M   D   Y<br>0   4   2   9   1   0 |                                   | Amount<br>100.00 |  |
| Full Name of Contributor<br>Bruce Rathkamp                       |  |                |   |                        |  | Registration Number, if PAC        |                                   |                  |  |
| Street Address<br>265 N. Woodbridge                              |  |                | Employer/Occupation/Labor Organization* |                        |  |                                    | Form (Cash, Check, etc.)<br>check |                  |  |
| City<br>Chillicothe  |  | State<br>O   H |   | Zip Code<br>45601-0718 |  | M   D   Y<br>0   5   0   3   1   0 |                                   | Amount<br>100.00 |  |

\* 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 an 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<br>Mark A. Preston for Judge Committee |              |   |          |          |   |                  |  |
| Full Name of Contributor<br>Leonard R. Sabatini                  |              |   |          |          | Registration Number, if PAC             |                  |  |
| Street Address<br>3 Fruit Hill Drive                             |              | Employer/Occupation/Labor Organization* |          |          | Form (Cash, Check, etc.)<br>check       |                  |  |
| City<br>Chillicothe  | State<br>O H | Zip Code<br>45601                       | M<br>0 5 | D<br>0 3 | Y<br>1 0                                | Amount<br>25.00  |  |
| Full Name of Contributor<br>Motorists Company Civic Fund         |              |   |          |          | Registration Number, if PAC             |                  |  |
| Street Address<br>471 East Broad Street                          |              | Employer/Occupation/Labor Organization* |          |          | Form (Cash, Check, etc.)<br>check       |                  |  |
| City<br>Columbus   | State<br>O H | Zip Code<br>43215                       | M<br>0 5 | D<br>0 3 | Y<br>1 0                                | Amount<br>100.00 |  |
| Full Name of Contributor<br>Steven L. Story                      |              |   |          |          | Registration Number, if PAC             |                  |  |
| Street Address<br>216 E. Main Street, Suite 200                  |              | Employer/Occupation/Labor Organization* |          |          | Form (Cash, Check, etc.)<br>check       |                  |  |
| City<br>Pomeroy  | State<br>O H | Zip Code<br>45769                       | M<br>0 5 | D<br>0 5 | Y<br>1 0                                | Amount<br>100.00 |  |
| Full Name of Contributor<br>Gary P. Brewer                       |              |   |          |          | Registration Number, if PAC             |                  |  |
| Street Address<br>3999 Alward RD SW                              |              | Employer/Occupation/Labor Organization* |          |          | Form (Cash, Check, etc.)<br>check       |                  |  |
| City<br>Pataskala  | State<br>O H | Zip Code<br>43062-8662                  | M<br>0 5 | D<br>0 7 | Y<br>1 0                                | Amount<br>100.00 |  |
| Full Name of Contributor<br>Anne Jensen Holmes                   |              |   |          |          | Registration Number, if PAC             |                  |  |
| Street Address<br>334 Fairway Avenue                             |              | Employer/Occupation/Labor Organization* |          |          | Form (Cash, Check, etc.)<br>check       |                  |  |
| City<br>Chillicothe  | State<br>O H | Zip Code<br>45601                       | M<br>0 5 | D<br>1 1 | Y<br>1 0                                | Amount<br>50.00  |  |
| Full Name of Contributor<br>Gerald R. Niver                      |              |   |          |          | Registration Number, if PAC             |                  |  |
| Street Address<br>7861 Egypt Pike                                |              | Employer/Occupation/Labor Organization* |          |          | Form (Cash, Check, etc.)<br>check       |                  |  |
| City<br>Chillicothe  | State<br>O H | Zip Code<br>45601-9423                  | M<br>0 5 | D<br>1 2 | Y<br>1 0                                | Amount<br>25.00  |  |
| Full Name of Contributor<br>Tami Basham                          |              |   |          |          | Registration Number, if PAC             |                  |  |
| Street Address<br>7459 Canterbury Rd.                            |              | Employer/Occupation/Labor Organization* |          |          | Form (Cash, Check, etc.)<br>money order |                  |  |
| City<br>Sciotoville  | State<br>O H | Zip Code<br>45662                       | M<br>0 5 | D<br>2 1 | Y<br>1 0                                | Amount<br>50.00  |  |
| Full Name of Contributor<br>James K. Hill                        |              |   |          |          | Registration Number, if PAC             |                  |  |
| Street Address<br>408 E. Main Street                             |              | Employer/Occupation/Labor Organization* |          |          | Form (Cash, Check, etc.)<br>check       |                  |  |
| City<br>Circleville  | State<br>O H | Zip Code<br>43113-1844                  | M<br>0 6 | D<br>0 2 | Y<br>1 0                                | Amount<br>75.00  |  |

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# Statement of Contributions Received

Prescribed by Secretary of State 3/05

|   |  |                     |   |               |                             |  |                        |
|---|--|---------------------|---|---------------|-----------------------------|--|------------------------|
| Name of Committee in Full<br><b>Mark A. Preston for Judge Committee</b> |  |                     |   |               |                             |  |                        |
| Full Name of Contributor<br><b>Peter C. Nordstrom</b>                   |  |                     |   |               | Registration Number, if PAC |  |                        |
| Street Address<br><b>212 Compton Ridge Dr.</b>                          |  |                     | Employer/Occupation/Labor Organization* |               |                             | Form (Cash, Check, etc.)<br><b>check</b> |                        |
| City<br><b>Cincinnati</b>   |  | State<br><b>O H</b> | Zip Code<br><b>45215-4120</b>           | M<br><b>0</b> | D<br><b>6</b>               | Y<br><b>0310</b>                         | Amount<br><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                 |
| 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<br><b>Mark A. Preston for Judge Committee</b>     |  |   |                             |       |          |              |        |        |
| To Whom Paid<br><b>Ross County Board of Elections</b>                       |  |   |                             | M     | D        | Y            | Amount |        |
|   |  |   |                             | 0     | 4        | 2 2          | 1 0    | 80.00  |
| Address<br><b>475 Western Avenue, Suite D</b>                               |  | Purpose<br><b>Filing of Petitions</b>                           |                             |       |          |              |        |        |
| City<br><b>Chillicothe</b>  | State<br><input type="radio"/> O <input type="radio"/> H | Zip Code<br><b>45601</b>  | Check Number<br><b>1004</b> |       |          |              |        |        |
| To Whom Paid<br><b>OfficeMax</b>  |  |   |                             | M     | D        | Y            | Amount |        |
|   |  |   |                             | 0     | 5        | 0 6          | 1 0    | 19.24  |
| Address<br><b>869 N. Bridge Street</b>                                      |  | Purpose<br><b>Name Badge</b>                                    |                             |       |          |              |        |        |
| City<br><b>Chillicothe</b>  | State<br><input type="radio"/> O <input type="radio"/> H | Zip Code<br><b>45601</b>  | Check Number<br><b>1005</b> |       |          |              |        |        |
| To Whom Paid<br><b>Ross County Agricultural Society (ATTN: David Clary)</b> |  |   |                             | M     | D        | Y            | Amount |        |
|   |  |   |                             | 0     | 5        | 1 1          | 1 0    | 25.00  |
| Address<br><b>34312 US Rt. 50</b>   |  | Purpose<br><b>sponsor Mandi Burkitt in Demolition Derby</b>     |                             |       |          |              |        |        |
| City<br><b>Londonderry</b>  | State<br><input type="radio"/> O <input type="radio"/> H | Zip Code<br><b>45647</b>  | Check Number<br><b>1006</b> |       |          |              |        |        |
| To Whom Paid<br><b>Scioto Township Trustees</b>                             |  |   |                             | M     | D        | Y            | Amount |        |
|   |  |   |                             | 0     | 6        | 0 1          | 1 0    | 115.00 |
| Address<br><b>164 South Watt Street</b>                                     |  | Purpose<br><b>Rental hall for fundraiser event (large room)</b> |                             |       |          |              |        |        |
| City<br><b>Chillicothe</b>  | State<br><input type="radio"/> O <input type="radio"/> H | Zip Code<br><b>45601</b>  | Check Number<br><b>1007</b> |       |          |              |        |        |
| To Whom Paid<br><b>Vickers Photographic Studio</b>                          |  |   |                             | M     | D        | Y            | Amount |        |
|   |  |   |                             | 0     | 6        | 0 1          | 1 0    | 42.80  |
| Address<br><b>32 E. Second Street</b>                                       |  | Purpose<br><b>Candidate photograph (Inv. # 4997)</b>            |                             |       |          |              |        |        |
| City<br><b>Chillicothe</b>  | State<br><input type="radio"/> O <input type="radio"/> H | Zip Code<br><b>45601</b>  | Check Number<br><b>1008</b> |       |          |              |        |        |
| To Whom Paid  |  |   |                             | M     | D        | Y            | Amount |        |
| Address   |  |   |                             |       |          |              |        |        |
| City  |  |   |                             | State | Zip Code | Check Number |        |        |
| To Whom Paid  |  |   |                             | M     | D        | Y            | Amount |        |
| Address   |  |   |                             |       |          |              |        |        |
| City  |  |   |                             | State | Zip Code | Check Number |        |        |
| To Whom Paid  |  |   |                             | M     | D        | Y            | Amount |        |
| Address   |  |   |                             |       |          |              |        |        |
| City  |  |   |                             | State | Zip Code | Check Number |        |        |