Page	2
9-	

Page Total \$

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full		<del></del>			-		,	
Lisa Whiting for School Board								
Full Name of Contributor				Registration Number, if PAC				
Joan Gyorkey								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
856 Thorncrest Ct.						Check		
City C 11	State	Zip Code	М	D	Y	Amount		
Galloway Full Name of Contributor	OH	43119			1 3		50.00	
			Registra	ation Nu	mber, if	PAC		
Robyn Redfern Street Address	[F]/O	pation/Labor Organization*				Ir (0 ) or		
	Employer/Occu				Form (Cash, Check, etc.)			
4198 Maystar Way	State	Zip Code	М	T D	T V	Check Amount		
Hilliard	OH	43026	1		1 2	8	150.00	
Full Name of Contributor	ТОТП	1 43026			1 3 mber, if 1		150.00	
Keck For School Board			registi a		iliva, ii	AC		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
3400 Heritage Oaks Dr.	Employer/Occupation/Labor Organization					Check		
Oty	State	Zip Code	М	D	Y	Amount		
Hilliard	ОН	43026	1 .	3 0	l		122.37	
Full Name of Contributor	10:11	15020			mber, if	PAC	122.07	
Kathleen Joyce					·			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Che	ck, etc.)	
851 Claycross Ct.	-					Check		
City	State	Zip Code	М	D	Y	Amount		
Galloway	ОН	43119	0 7	2 9	1 3		10.00	
Full Name of Contributor	<del></del>	<del>*************************************</del>	gistration Number, if PAC					
			1					
Street Address	Employer/Occu	•			Form (Cash, Che	ck, etc.)		
<b>City</b>	State	Zip Code	М	D	Y	Amount		
							0.00	
Full Name of Contributor			Registra	ation Nur	mber, if I	PAC		
Street Address Employer/Occupation/Labor Organization*						Form (Cash, Che	ck, etc.)	
Ωty	State	Zip Code	M	D .	Y	Amount		
							0.00	
Full Name of Contributor			Registra	ation Nui	mber, if I	PAC		
Constant de la consta	Frankrich (Occupation (Labor Occupation )					Com (Coch Ct-	ok etc.)	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Che	ικ, <del>ε</del> ιϋ.)	
C**.	- Cran	Zip Code	Тм	<u> </u>	ΙÝ	Amount		
City .	State	Zip Code	";	P	'	ranoult	0.00	
provined for contributions from individuals over \$100 to statewide		J	in a salf	om eleve	1 1	ay potion and 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 labo

organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]