## **Statement of Contributions Received**



Prescribed by Secretary of State 03/05

Name of Committee in Full Keck for School Board				
Till Name of Contributor Tim Oyster			Registration Number, if P	AC
Greet Address 4630 Coolbrook Drive	Employer/Occupa	ation/Labor Organization*		Form (Cash, Check, etc.) Check
Dity Hilliard	State OH	Zip Code 43026	1 0 1 7 1 1	Amount \$50.00
'ull Name of Contributor		:	Registration Number, if P	AC
street Address	Employer/Occup	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	M D Y	Amount
'ull Name of Contributor			Registration Number, if P.	
Street Address	Employer/Occup	ation/Labor Organization		Form (Cash, Check, etc.)
City	State	Zip Code	M D Y	Amount
Full Name of Contributor			Registration Number, if	
Street Address	Employer/Occup	pation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	M D Y	Amount
Full Name of Contributor			Registration Number, if	<u> </u>
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.
City	State OH	Zip Code	M D Y	Атпоця
Full Name of Contributor			Registration Number, if	PAC
Street Address	Employer/Occu	apation/Labor Organization		Form (Cash, Check, etc
City	State	Zip Code	M D Y	Amount
Full Name of Contributor			Registration Number, i	
Street Address	Employer/Occupation/Labor Organization			Form (Cash, Check, etc
City	State	Zip Code	M D Y	Amount
Full Name of Contributor			Registration Number,	
Street Address	Employer/Oc	cupation/Labor Organization		Form (Cash, Check, et
City	State	Zip Code	M D	Amount

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 also appear. [R.C. 3517.10(B)(4)]

Page Total \$50.00