

FOR PAPER FILING ONLY

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Keck for School Board						Registration Number, if PAC					
Full Name of Contributor James Joyce						Form (Cash, Check, etc.) Check					
Street Address 5813 Heritage Lakes Drive			Employer/Occupation/Labor Organization*			M 1			D 0		
City Hilliard			State OH <input checked="" type="checkbox"/>			Zip Code 43026			Y 1		
						Amount \$100.00					
Full Name of Contributor Nathan Painter						Registration Number, if PAC					
Street Address 6188 Pollard Place						Form (Cash, Check, etc.) Check					
City Hilliard			State OH <input checked="" type="checkbox"/>			M 1			D 1		
			Zip Code 43026			Y 1			Amount \$50.00		
Full Name of Contributor						Registration Number, if PAC					
Street Address						Form (Cash, Check, etc.)					
City			State OH <input checked="" type="checkbox"/>			M			D		
			Zip Code			Y			Amount		
Full Name of Contributor						Registration Number, if PAC					
Street Address						Form (Cash, Check, etc.)					
City			State OH <input checked="" type="checkbox"/>			M			D		
			Zip Code			Y			Amount		
Full Name of Contributor						Registration Number, if PAC					
Street Address						Form (Cash, Check, etc.)					
City			State OH <input checked="" type="checkbox"/>			M			D		
			Zip Code			Y			Amount		
Full Name of Contributor						Registration Number, if PAC					
Street Address						Form (Cash, Check, etc.)					
City			State OH <input checked="" type="checkbox"/>			M			D		
			Zip Code			Y			Amount		
Full Name of Contributor						Registration Number, if PAC					
Street Address						Form (Cash, Check, etc.)					
City			State OH <input checked="" type="checkbox"/>			M			D		
			Zip Code			Y			Amount		
Full Name of Contributor						Registration Number, if PAC					
Street Address						Form (Cash, Check, etc.)					
City			State OH <input checked="" type="checkbox"/>			M			D		
			Zip Code			Y			Amount		
Full Name of Contributor						Registration Number, if PAC					
Street Address						Form (Cash, Check, etc.)					
City			State OH <input checked="" type="checkbox"/>			M			D		
			Zip Code			Y			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 **\$150.00**