Page	2	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full		-				
Friends of Paul Lambert						
Full Name of Contributor			Registra	ation Num	iber, if PA	C.
Keck for School Board						
Street Address	Employer/Occu	pation/Labor Organization	•			Form (Cash, Check, etc.)
3400 Heritage Oaks Drive						_ Check
City	State	Zip Code	М	D	Y	Amount
Hilliard	O H	43026	1 0	215	113	122.36
Full Name of Contributor			Registra	ation Num	ber, if PA	iC .
Doug Maggied						
Street Address	Employer/Occu	pation/Labor Organization				Form (Cash, Check, etc.)
8982 Roberts Rd						Check
City	State	Zip Code	М	l D	Y	Amount
Galloway	ОІН		110	215	1113	30.00
Full Name of Contributor		10117		tion Num		
			i cegisur	icion I iuni		
Street Address	Employer/Occu	pation/Labor Organization				Form (Cash, Check, etc.)
ou cet radies	Zinpioyerroccu	panoireador Organización				roim (Cash, Check, etc.)
City	State	7:- 0-1.	- 13	LB	I 17	<u> </u>
cny	State	Zip Code	M,	D .	. Y	Amount
T. II.V				<u> </u>	<u> </u>	
Full Name of Contributor		•	Registra	ttion Num	ber, if PA	С
					_	
Street Address	Employer/Occu	pation/Labor Organization	•			Form (Cash, Check, etc.)
	_					
City	State	Zip Code	М	D	Y	Amount
	_					
Full Name of Contributor			Registra	tion Num	ber, if PA	С
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
City	State	Zip Code	М	Ð	Y	Amount .
	1 1	'	1 1	1 1	lil	
Full Name of Contributor		_!	Registra	tion Num	ber if PA	C
					,	
Street Address	Employer/Occu	pation/Labor Organization ⁴	•	-		Form (Cash, Check, etc.)
	Lampie, co occu	padoir Edoor Organization				om (casa, check, cic.)
City	State	Zip Code	M	Тр	Y	- Amount
City	3iaic	Zip Code	"	"	',	Alloun
5 11 2			- In .		100.	
Full Name of Contributor			Registra	tion Num	ber, if PA	C
						
Street Address	Employer/Occu	pation/Labor Organization	•			Form (Cash, Check, etc.)
			···· -			
City	State	Zip Code	M _.	D	Y	Amount
Full Name of Contributor			Registra	tion Num	ber, if PA	С
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
1						
City	State	Zip Code	M	D	Y	Amount
			1 1			
				•	<u> </u>	·

* 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 Tot	al S	152.36