

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full			
FRIENDS FOR KEYES - STEPHEN KEYES, TREASURER - 206 N. DAREL AVE - BEXLEY OH 43209			
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
STEPHEN KEYES	NATIONWIDE MUT. INS. CO. / EXEC.		
Street Address	Description of Item or Service	M	D Y Fair Market Value
206 N. DAREL AVE.	CAMPAIGN T-SHIRTS	06	25 11 \$297.90
City	Sta te Zip Code	Received at Fundraising Event?	
BEXLEY	OH 43209	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
STEPHEN KEYES	NATIONWIDE MUTUAL INS. CO. / EXEC.		
Street Address	Description of Item or Service	M	D Y Fair Market Value
206 N. DAREL AVE.	CAMPAIGN SIGNS	08	25 11 \$3245.20
City	Sta te Zip Code	Received at Fundraising Event?	
BEXLEY	OH 43209	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
STEPHEN KEYES	NATIONWIDE MUTUAL INS. CO. / EXEC.		
Street Address	Description of Item or Service	M	D Y Fair Market Value
206 N. DAREL AVE.	2 FRONT-PAGE BANNER ADS IN "BEXLEY NEWS"	08	29 11 \$750.00
City	Sta te Zip Code	Received at Fundraising Event?	
BEXLEY	OH 43209	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D Y Fair Market Value
City	Sta te Zip Code	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D Y Fair Market Value
City	Sta te Zip Code	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D Y Fair Market Value
City	Sta te Zip Code	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D Y Fair Market Value
City	Sta te Zip Code	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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. I.R.C. 3517.10(B)(4)

TOTAL:
\$4,293.10