## **Statement of Contributions Received**

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Prescribed by Secretary of State 03/05

Full Name of Committee in Full  Falends For Keyes (STEPHEN Keyes)  Full Name of Contributor  STEPHEN Keyes  Street Address  206 N. Drexel Ave. Employer/Occupation/Labor Organization*  NATIONWIDE NUTURE INSURANCE 6.—EXECUTIVE BANK TRANSFER  City  BEXLEY  OH  Zip Code  43209  Procuretion Number, if PAC								
Full Name of Contributor STEPHEN KEYES				Registration Number, if PAC				
Street Address 206 N. DREXEL AVE.	Employer/Occupation/Labor Organization*  NATIONWIDE MUTUAL INSURANCE  OH  Zip Code 43209			· E	YECU	TIVE	Form (Cash, Check, etc.)  BANK TRANSFER	
City BEXLEY	<b>O</b> H	Zip Code 43209	/ <sup>M</sup>	2	) <b>5</b>	1//	Amount 9 · 45	
Full Name of Contributor				Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization*				_	Form (Cash, Check, etc.)		
City	State	Zip Code	М		D	Y	Amount	
Full Name of Contributor		<u> </u>	Reg	istrat	ion Nu	nber, if F	AC "	
Street Address	Employer/Occup	ation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	M		D	Y	Amount	
Full Name of Contributor			Reg	istrat	tion Nu	mber, if I	PAC	
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 PAC				
Street Address	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)			
City	State	Zip Code	N		D	Y	Amount	
Full Name of Contributor				Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)		
City	State	Zip Code	N	1	D	Y	Amount	
Full Name of Contributor		•	Re	gistra	tion Nu	mber, if	PAC	
Street Address	Employer/Occur	oation/Labor Organization					Form (Cash, Check, etc.)	
City	State	Zip Code	N	4	D	Y	Amount	
Full Name of Contributor Registration Number, if I						PAC		
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)		
City	State	Zip Code	N	1	D	Y	Amount	

Page Total \$ 59.45

<sup>\*</sup>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)]