

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full FRIENDS FOR KEYES - STEPHEN KEYES, TREASURER - 206 N. DREXEL AVE. - BEXLEY OH 43209									
Full Name of Contributor GREG ADAMS						Registration Number, if PAC			
Street Address 115 S. GOULD		Employer/Occupation/Labor Organization FINANCE DIRECTOR / AEP				Form (Cash, Check, etc.) CHECK			
City BEXLEY	State OH	Zip Code 43209	M 0	D 6	Y 0211	Amount \$100			
Full Name of Contributor DAVID WALKER						Registration Number, if PAC			
Street Address 808 GRANSON		Employer/Occupation/Labor Organization URBAN PLANNING / STATE OF OHIO				Form (Cash, Check, etc.) CHECK			
City BEXLEY	State OH	Zip Code 43209	M 0	D 6	Y 0211	Amount \$25			
Full Name of Contributor JOHN OFFENBERG						Registration Number, if PAC			
Street Address 33 N. REMINGTON		Employer/Occupation/Labor Organization INSURANCE AGENT / SELF				Form (Cash, Check, etc.) CHECK			
City BEXLEY	State OH	Zip Code 43209	M 0	D 6	Y 0211	Amount \$25			
Full Name of Contributor BOB MINTZ						Registration Number, if PAC			
Street Address 21 TWIN OAKS RD.		Employer/Occupation/Labor Organization CONSULTANT / SELF				Form (Cash, Check, etc.) CHECK			
City SHORT HILLS	State NJ	Zip Code 07078	M 0	D 6	Y 0211	Amount \$150			
Full Name of Contributor MIAIAM & BERNIE YENKIN						Registration Number, if PAC			
Street Address 2720 BRENTWOOD		Employer/Occupation/Labor Organization YENKIN-MAJESTIC / CO-OWNER / EXECUTIVE				Form (Cash, Check, etc.) CHECK			
City BEXLEY	State OH	Zip Code 43209	M 0	D 6	Y 0211	Amount \$200			
Full Name of Contributor JIM MURKIN						Registration Number, if PAC			
Street Address 6527 QUARRY LANE		Employer/Occupation/Labor Organization NATIONWIDE CHILDREN'S HOSPITAL / PHARMACIAN				Form (Cash, Check, etc.) CHECK			
City DUBLIN	State OH	Zip Code 43017	M 0	D 6	Y 0211	Amount \$250			
Full Name of Contributor MARY ELIZABETH WILLIAMS						Registration Number, if PAC			
Street Address 6092 WHITNEY WOODS CT.		Employer/Occupation/Labor Organization RETIRED				Form (Cash, Check, etc.) CHECK			
City COLUMBUS	State OH	Zip Code 43213	M 0	D 6	Y 1311	Amount \$50			
Full Name of Contributor ELIZABETH M. LEE						Registration Number, if PAC			
Street Address 80 S. COLUMBIA		Employer/Occupation/Labor Organization COLS. SCHOOL FOR GIRLS / HEAD OF SCHOOL				Form (Cash, Check, etc.) CHECK			
City BEXLEY	State OH	Zip Code 43209	M 0	D 7	Y 1311	Amount \$250			

* 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 \$ **1,050**