

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

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

\* 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**