

# 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>BARBARA GORMAN</b>                                                                       |                    |                                                                                        |                |                |                | Registration Number, if PAC                    |  |
| Street Address<br><b>353 N. DREXEL</b>                                                                                  |                    | Employer/Occupation/Labor Organization<br><b>ACTIVIST / SELF</b>                       |                |                |                | Form (Cash, Check, etc.)<br><b>CREDIT CARD</b> |  |
| City<br><b>BEXLEY</b>                                                                                                   | State<br><b>OH</b> | Zip Code<br><b>43209</b>                                                               | M<br><b>07</b> | D<br><b>13</b> | Y<br><b>11</b> | Amount<br><b>\$ 250</b>                        |  |
| Full Name of Contributor<br><b>ELIZABETH DEPUCHOWSKI</b>                                                                |                    |                                                                                        |                |                |                | Registration Number, if PAC                    |  |
| Street Address<br><b>100 BISHOP SQUARE</b>                                                                              |                    | Employer/Occupation/Labor Organization<br><b>RETIRED</b>                               |                |                |                | Form (Cash, Check, etc.)<br><b>CREDIT CARD</b> |  |
| City<br><b>BEXLEY</b>                                                                                                   | State<br><b>OH</b> | Zip Code<br><b>43209</b>                                                               | M<br><b>07</b> | D<br><b>18</b> | Y<br><b>11</b> | Amount<br><b>\$ 10</b>                         |  |
| Full Name of Contributor<br><b>JACK TOWANICHY</b>                                                                       |                    |                                                                                        |                |                |                | Registration Number, if PAC                    |  |
| Street Address<br><b>20 RUNDLET CT.</b>                                                                                 |                    | Employer/Occupation/Labor Organization<br><b>WILLIS / ATTORNEY</b>                     |                |                |                | Form (Cash, Check, etc.)<br><b>CREDIT CARD</b> |  |
| City<br><b>COLUMBUS</b>                                                                                                 | State<br><b>OH</b> | Zip Code<br><b>43081</b>                                                               | M<br><b>07</b> | D<br><b>21</b> | Y<br><b>11</b> | Amount<br><b>\$ 100</b>                        |  |
| Full Name of Contributor<br><b>DAVID HOAN</b>                                                                           |                    |                                                                                        |                |                |                | Registration Number, if PAC                    |  |
| Street Address<br><b>291 S. CASSINGHAM</b>                                                                              |                    | Employer/Occupation/Labor Organization<br><b>OSU / UNIVERSITY ADMINISTRATOR</b>        |                |                |                | Form (Cash, Check, etc.)<br><b>CREDIT CARD</b> |  |
| City<br><b>BEXLEY</b>                                                                                                   | State<br><b>OH</b> | Zip Code<br><b>43209</b>                                                               | M<br><b>09</b> | D<br><b>10</b> | Y<br><b>11</b> | Amount<br><b>\$ 100</b>                        |  |
| Full Name of Contributor<br><b>DIANE SCHAVONE</b>                                                                       |                    |                                                                                        |                |                |                | Registration Number, if PAC                    |  |
| Street Address<br><b>3511 LAROCHELLEDA.</b>                                                                             |                    | Employer/Occupation/Labor Organization<br><b>RETIRED</b>                               |                |                |                | Form (Cash, Check, etc.)<br><b>CREDIT CARD</b> |  |
| City<br><b>COLUMBUS</b>                                                                                                 | State<br><b>OH</b> | Zip Code<br><b>43221</b>                                                               | M<br><b>09</b> | D<br><b>15</b> | Y<br><b>11</b> | Amount<br><b>\$ 100</b>                        |  |
| Full Name of Contributor<br><b>RODNEY WASSERSTAM</b>                                                                    |                    |                                                                                        |                |                |                | Registration Number, if PAC                    |  |
| Street Address<br><b>2655 SHERWOOD</b>                                                                                  |                    | Employer/Occupation/Labor Organization<br><b>CEO / SELF-OWNED COMPANY / WASSERSTAM</b> |                |                |                | Form (Cash, Check, etc.)<br><b>CREDIT CARD</b> |  |
| City<br><b>BEXLEY</b>                                                                                                   | State<br><b>OH</b> | Zip Code<br><b>43209</b>                                                               | M<br><b>09</b> | D<br><b>29</b> | Y<br><b>11</b> | Amount<br><b>\$ 100</b>                        |  |
| Full Name of Contributor<br><b>CECIL GOUHE</b>                                                                          |                    |                                                                                        |                |                |                | Registration Number, if PAC                    |  |
| Street Address<br><b>436 NORTHVIEW DR.</b>                                                                              |                    | Employer/Occupation/Labor Organization<br><b>NATIONWIDE / FINANCE</b>                  |                |                |                | Form (Cash, Check, etc.)<br><b>CREDIT CARD</b> |  |
| City<br><b>BEXLEY</b>                                                                                                   | State<br><b>OH</b> | Zip Code<br><b>43209</b>                                                               | M<br><b>10</b> | D<br><b>16</b> | Y<br><b>11</b> | Amount<br><b>\$ 150</b>                        |  |
| Full Name of Contributor<br><b>NATALIE KEYES</b>                                                                        |                    |                                                                                        |                |                |                | Registration Number, if PAC                    |  |
| Street Address<br><b>206 N. DREXEL</b>                                                                                  |                    | Employer/Occupation/Labor Organization<br><b>STUDENT</b>                               |                |                |                | Form (Cash, Check, etc.)<br><b>CASH</b>        |  |
| City<br><b>BEXLEY</b>                                                                                                   | State<br><b>OH</b> | Zip Code<br><b>43209</b>                                                               | M<br><b>06</b> | D<br><b>02</b> | Y<br><b>11</b> | Amount<br><b>\$ 10</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 \$ **820**

TOTAL → ALL 5 PAGES: **\$ 13,060**